

Case Number:	CM15-0189823		
Date Assigned:	10/01/2015	Date of Injury:	07/31/1998
Decision Date:	11/16/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/26/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a(n) 52 year old female, who sustained an industrial injury on 7-31-98. The injured worker was diagnosed as having chronic cervicogenic headaches, cervical sprain and myofascial pain. The physical exam (6-4-15 through 7-8-15) revealed 2-6 out of 10 pain with medications and "restricted" cervical flexion, extension and side-to-side tilt and rotation. Treatment to date has included Norco and Soma. As of the PR2 dated 8-12-15, the injured worker reports neck pain. She rates her pain 10 out of 10 without medications and 4-5 out of 10 with medications. Objective findings include "restricted" cervical flexion, extension and side-to-side tilt and rotation. The treating physician requested deep tissue massage 2 x weekly for 3 weeks to the cervical spine. On 8-12-15 the treating physician requested a Utilization Review for deep tissue massage 2 x weekly for 3 weeks to the cervical spine. The Utilization Review dated 8-25-15, non-certified the request for deep tissue massage 2 x weekly for 3 weeks to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Deep tissue massage 2 times a week for 3 weeks to cervical spine: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

Decision rationale: The patient presents with pain affecting cervical spine. The current request is for Deep tissue massage 2 times a week for 3 weeks to cervical spine. The treating physician report dated 8/12/15 (12B) states, "At this time I am requesting short course of myofascial release twice a week for three weeks and I am seeking authorization." The MTUS guidelines page 60 supports massage therapy as an adjunct to other recommended treatment such as exercise and states that it should be limited to 4-6 visits in most cases. The medical reports provided, do not show that the patient has received prior massage therapy visits. In this case, the patient presents with pain affecting the neck which has not improved with other conservative treatment and the current request of 6 sessions of massage therapy does not exceed the 4-6 session recommended by the MTUS guidelines. Furthermore, the treating physician is requesting massage therapy as an adjunct to medication therapy. The current request satisfies the MTUS guidelines as outlined on page 60. The current request is medically necessary.