

Case Number:	CM15-0190617		
Date Assigned:	10/02/2015	Date of Injury:	09/14/2012
Decision Date:	11/16/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/28/2015

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

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 55 year old male, who sustained an industrial injury on 9-14-12. The documentation on 8-24-15 noted that the injured worker has complaints of persistent pain in the neck which he rates at 4 out of 10 and constant. The lower back pain is at 7 out of 10 and constant radiating down the lower extremities with swelling of the left ankle and pain in the left heel. The pain in the bilateral wrists and hands is 7 out of 10. Lumbar spine examination revealed decreased range of motion and there was positive Kemp's sign bilaterally and there was decreased strength and sensation t 4 out of 5 on the right ant L4 and L5, but normal at S1 (sacroiliac). There was decreased strength at L5 on the left and deep tendon reflexes were 2+ bilaterally at the patellar and Achilles tendons. Examination of the bilateral wrists and hands revealed weak grip strength and there was decreased sensation on the right hand at the median and ulnar aspect. There was decreased sensation on the left at the median aspect only. The diagnoses have included right carpal tunnel syndrome; left cubital tunnel syndrome and left lower extremity lumbar radiculopathy at L5. Treatment to date has included chiropractic treatment and norco that was discontinued by his cardiologist. The electromyography on 4-23-13 noted that the left lower extremity lumbar radiculopathy at L5. The original utilization review (9-15-15) modified the request for massage therapy 2 x 4 for cervical spine to massage therapy 2 x 2 for cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy 2 x 4 for cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The patient was injured on 09/14/12 and presents with lumbar spine pain and neck pain. The request is for Massage therapy 2 x 4 for cervical spine. There is no RFA provided and the patient is not currently working. Review of the reports provided does not indicate if the patient had any recent massage therapy sessions. MTUS Guidelines, Massage Therapy section, page 60 states that it is recommended as an option and as an adjunct with other recommended treatments such as exercise and should be limited to 4 to 6 visits. Massage is a passive intervention and treatment, dependence should be avoided. The patient has a decreased lumbar spine range of motion, a positive Kemp's sign, decreased strength at left L5, right L4, right L5, decreased sensation on the right hand at the median and ulnar aspect, and a decreased sensation on the left at the median aspect. He is diagnosed with right carpal tunnel syndrome, left cubital tunnel syndrome, left lower extremity lumbar radiculopathy at L5, chronic lumbar strain with disc herniation, cervical/thoracic sprain/strain, and DVT with pulmonary embolism. Treatment to date has included chiropractic treatment and norco that was discontinued by his cardiologist. The reason for the request is not provided. Review of the medical records provided did not indicate prior massage therapy. Given the patient's condition, a short course of therapy would be appropriate. However, the requested 8 sessions of therapy exceeds what is allowed by MTUS. Therefore, the request IS NOT medically necessary.