

Case Number:	CM15-0192728		
Date Assigned:	10/06/2015	Date of Injury:	10/05/2012
Decision Date:	11/19/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/30/2015

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 39 year old male, who sustained an industrial injury on 10-05-2012. The injured worker was diagnosed as having degeneration of thoracic disc, pain in thoracic spine, and other pain disorders related to psychological factor. Treatment to date has included diagnostics, physical therapy, acupuncture, chiropractic, massage therapy (referenced 3 remaining sessions in the progress report dated 4-09-2015), psychological treatment, transcutaneous electrical nerve stimulation unit, trigger point injections, and medications. On 8-13-2015, the injured worker complains of continued right sided thoracic back pain, described as aching and tightness. He reported good days and bad days and was unable to identify specific exacerbating features. He reported that pain was made better with chiropractic, massage, transcutaneous electrical nerve stimulation unit, stretching, and the intermittent use of medications. A review of symptoms was positive for anxiety and depression. He was approved for cognitive behavior therapy and this was to begin in a few weeks. Physical exam noted "no abnormalities" in gait and station, "no swelling observed in any extremity", "no edema or tenderness palpated in any extremity", and "normal muscle tone without atrophy" in upper and lower extremities. An exam specific to the thoracic spine was not noted on 8-13-2015. His work status was permanent and stationary. Current medications were Naproxen and Norco. It was documented that he was approved for additional 6 chiropractic sessions and had 4 sessions remaining, noting that additional massage therapy was denied. The treating physician submitted "Utilization Review Treatment Appeal" dated 8-25-2015 for 6 sessions of massage therapy for the thoracic spine. "Previous Physical Examination" noted paravertebral spasm and guarding

from about T4 to about T10, worse on the right than left. It was documented that x-rays of the thoracic spine showed "mild-to-moderate degenerative disc disease". It was documented that the injured worker reported "60% pain relief with the concurrent treatments of massage and chiropractic sessions, and notes that this pain relief lasts for several days". He continued to work full time and "has been able to tolerate this well". The treatment plan included massage therapy for the thoracic spine x6 sessions, non-certified by Utilization Review on 9-02-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy for the thoracic spine, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: The patient presents with pain affecting the thoracic spine. The current request is for Massage therapy for the thoracic spine, 6 sessions. The treating physician report dated 8/25/15 (65B) states, "Please note that the patient has been obtaining significant benefit from massage therapy in conjunction with chiropractic treatment. He reports obtaining 60% pain relief with the concurrent treatments of massage and chiropractic sessions." 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 show that the patient has received prior massage therapy visits, although a specific quantity is not documented. In this case, the patient has received an undocumented quantity of prior massage therapy sessions and therefore the current request of 6 sessions exceeds the 4-6 sessions recommended by the MTUS guidelines. The current request does not satisfy the MTUS guidelines as outlined on page 60. The current request is not medically necessary.