

Case Number:	CM15-0193358		
Date Assigned:	10/07/2015	Date of Injury:	06/24/2002
Decision Date:	11/24/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/02/2015

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: Pennsylvania, Ohio, 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 67 year old female who sustained an industrial injury on 6-24-02. Diagnoses are noted as neck pain, cervical degenerative disease, and myofascial pain. In a progress report dated 9-2-15, the physician notes complaints of neck pain which does not radiate to extremities and headaches. Pain is rated at 6 out of 10. It is noted she does not take any prescribed medications and that she does have Botox injections which she pays for out of pocket and reports that without them, headaches would be worse. Objective exam notes tightness over the right sternocleidomastoid muscle, right cervical paraspinal muscles, and upper trapezius muscle. Cervical spine range of motion is noted to be limited with flexion at 0-35 degrees, extension 0-20 degrees, and rotation to the left and right 0-60 degrees. Previous treatment includes chiropractic treatment, massage, myofascial treatment, and acupuncture-reported to help. The requested treatment of massage therapy 1x10 for the cervical spine was non-certified on 9-14-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy 1x10, #10 for Cervical Spine: Upheld

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

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

Decision rationale: ACOEM recommends regarding special studies regarding the knee "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation....Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion." The records in this case do not clearly document a differential diagnosis for the requested imaging study, nor does it appear that a period of initial conservative treatment has been attempted. This request is not medically necessary.