

Case Number:	CM15-0196224		
Date Assigned:	10/09/2015	Date of Injury:	03/19/2012
Decision Date:	11/24/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/06/2015

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 59 year old female who sustained an industrial injury on 3-19-12. Diagnoses are noted as musculoligamentous sprain lumbar spine with right lower extremity radiculitis, disc bulges L3-4 (2mm), L4-5 (4mm), L5-S1 (2-3mm), radiculopathy L4-L5-S1, musculoligamentous sprain cervical spine with upper extremity radiculitis, disc bulges C4-5 (3-4mm), C5-6 (4mm), C6-7 (5mm), C6-T1 (3-4mm), T1-2 (3mm), right C5, C6 and left C5, C6, C7 radiculopathy, internal derangement right hip, osteoarthritis right hip, and status post right total hip replacement (3-12-15). In a progress report dated 9-21-15, the physician notes complaint of ongoing pain across the low back with cramping for the past month on both thighs and back lower extremities, more on the right. Also noted are complaints of increased neck pain and stiffness and limited range of motion, occasional sharp right hip pain with some improvement. Objective findings note tenderness over the right sciatic notch. Previous treatment includes physical therapy, medication, and H-Wave. Work status is to remain off work until 10-16-15. The treatment plan noted is ice packs, Ibuprofen, massage therapy 2 times a week for 8 sessions to the neck, back, right hip, continue Aspirin 81mg daily. The requested treatment of massage therapy 2 times a week for 4 weeks of the neck, back, and right hip was non-certified on 9-30-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy 2 times a week for 4 weeks of the neck, back, and right hip: 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: The records indicate the patient has ongoing complaints of low back pain and cramping in the lower extremities. The current request for consideration is massage therapy 2 x a week for 4 weeks for the neck, back and right hip. The attending physician report dated 9/21/15, page (22B), recommends additional massage therapy but provides no discussion for the request. The CA MTUS has this to say about massage therapy: Recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. In this case, the patient has chronic back pain dating back to 2012. The attending physician report indicates no new injuries have occurred. There is a report of increasing neck pain since the last evaluation. However, the physical exam fails to document any muscle spasms or hypertonic musculature. Furthermore, the CA MTUS recommends limiting massage therapy to 4-6 visits in most cases. The attending physician provides little support to exceed guideline recommendations and as such, the request is not medically necessary.