

Case Number:	CM15-0200949		
Date Assigned:	10/19/2015	Date of Injury:	09/13/2012
Decision Date:	12/02/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/13/2015

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 45 year old female who sustained an industrial injury on 09-13-2012. A review of the medical records indicated that the injured worker is undergoing treatment for degenerative disc disease of the cervical spine with left radiculopathy and left shoulder pain. According to the treating physician's progress report on 09-03-2015, the injured worker continues to experience left shoulder and left sided neck pain that radiates to the left shoulder blade to the left arm rated usually at 4 out of 10 with medications and treatment and 2 out of 10 on the pain scale with heat, massage and medications. Examination of the cervical spine demonstrated tenderness to the cervical spine and left neck with a positive Spurling's when tilted to the right with pain to the left. The left shoulder was non-tender to palpation with positive Neer's and lift-off sign. Hawkins was negative and distal neurovascular was intact. Cervical spine X-rays performed on 08-24-2015 was interpreted within the review dated 09-03-2015 as "mild degenerative disc changes" (official report was contained in the medical review), Magnetic resonance imaging (MRI) of the cervical spine was interpreted as C6-7 left neural foraminal stenosis, C4-5 right neural foraminal narrowing and probable indentation of the right C4 ventral nerve root and MRI with contrast arthrogram (no date documented) indicated "a tiny tear or congenital variant with volume averaging to the anterior band inferior glenohumeral ligament and re-demonstration of slight down sloping of the acromion which may result in impingement. The inferior humeral capsule is suspicious but there is no capsular stripping". Prior treatments have included diagnostic testing, physical therapy, left shoulder injection, chiropractic therapy, massage therapy and medications. Current medications were listed as Klonopin, Advil and Citalopram. Treatment plan consists of trial of acupuncture therapy,

continuing medication regimen and the current request by the provider on 10-08-2015 for outpatient therapeutic massage therapy to the cervical area, 6 visits. On 10-13-2015 the Utilization Review determined the request for outpatient massage therapy to the cervical area, 6 visits was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient massage therapy to cervical 6 visits: 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 current request is for outpatient massage therapy to cervical 6 visits. The RFA is dated 10/06/15. Prior treatments have included diagnostic testing, physical therapy, left shoulder injection, chiropractic therapy, massage therapy, modified duties and medications. The patient is not working. 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. According to progress report 09/03/15, the patient continues to experience left shoulder and left sided neck pain that radiates to the left shoulder blade to the left arm. The patient rated usual pain as 4/10, which reduces to 2/10 with heat, massage and medications. Examination of the cervical spine demonstrated tenderness to the cervical spine and left neck with a positive Spurling's when tilted to the right with pain to the left. Treatment plan consists of acupuncture, continuing medication regimen and outpatient therapeutic massage therapy to the cervical area, 6 visits. The patient completed 6 massage therapy treatments which reduced her pain from 4/10 to 2/10. MTUS guidelines does support conservative therapies such as massage therapy for complaints of this nature, however, limits the treatments to 4-6 sessions as it is considered a "passive intervention and treatment" and dependence should be avoided. The treater has not provided a rationale as to why this patient requires treatment beyond the guideline recommendations. Therefore, the request IS NOT medically necessary.