

Case Number:	CM15-0205070		
Date Assigned:	10/22/2015	Date of Injury:	05/18/2012
Decision Date:	12/03/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/19/2015

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 female, who sustained an industrial-work injury on 5-18-12. She reported initial complaints of neck pain. The injured worker was diagnosed as having cervicogenic headache, neck sprain-strain, thoracic sprain-strain, lumbar sprain-strain, depressive disorder, insomnia, and post-concussion syndrome. Previous medical history is negative. Treatment to date has included medication, 12 sessions of massage therapy (with improvement), 6 sessions of acupuncture, and (no specific amount) physical therapy for neck pain (mildly helpful). Currently, the injured worker complains of continued pain and discomfort to the head, cervical, and lumbar region. There was also bilateral upper and lower extremity numbness and some cramping pain and stiffness in the lower back. There were also complaints of blurred vision, depression, memory loss, and anxiety. Initial medications included Etodolac, Nortriptyline, Diphenhydramine, Pantoprazole, and Colace. On 4-28-15, it was noted per pain consultant report, that the authorized 6 sessions were beneficial since she was able to sleep better. She was granted 6 additional sessions per office note on 5-27-15. She was weaned off her medication with preference for non-medication to relieve symptoms. By 7-8-15, she is requesting additional massage therapy and acupuncture to limit medication usage. She is taking Diphenhydramine OTC (over the counter) for insomnia (mildly helpful) and it was discontinued by 8-19-15. Per the primary physician's progress report (PR-2) on 9-25-15, exam noted tenderness to palpation over the cervical paraspinal and bilateral trapezii muscles, limited range of motion to the cervical spine, non-antalgic gait, tenderness to palpation over the lower lumbar paraspinal muscles. Current plan of care includes 6 additional sessions of massage therapy to

reduce need for medication and provide pain reduction. The Request for Authorization requested service to include Massage therapy X 6 sessions, head, cervical spine, lumbar spine. The Utilization Review on 10-14-15 denied the request for Massage therapy X 6 sessions, head, cervical spine, lumbar spine, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines; Low Back Complaints 2004; Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy X 6 sessions, head, cervical spine, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low 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: Massage therapy is recommended for time-limited use in subacute and chronic pain patients without underlying serious pathology and as an adjunct to a conditioning program that has both graded aerobic exercise and strengthening exercises; however, this is not the case for this chronic injury status post significant conservative physical therapy currently on an independent home exercise program without plan for formal physical therapy sessions. The patient has remained functionally unchanged and continues to treat regularly for this 2012 injury. A short course may be appropriate during an acute flare-up; however, this has not been demonstrated nor are there any documented clinical change with continued limited range of motion and tenderness or functional improvement from treatment rendered previously. Without any new onset or documented plan for a concurrent active exercise program, criteria for massage therapy have not been established per MTUS Chronic Pain Guidelines. The Massage therapy X 6 sessions, head, cervical spine, lumbar spine is not medically necessary and appropriate.