

Case Number:	CM15-0212515		
Date Assigned:	11/02/2015	Date of Injury:	06/30/1998
Decision Date:	12/15/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	10/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52 year old female with a date of injury of June 30, 1998. A review of the medical records indicates that the injured worker is undergoing treatment for degeneration of cervical intervertebral disc and chronic pain syndrome. Medical records dated June 29, 2015 indicate that the injured worker complained of pain rated at a level of 8 to 9 out of 10. A progress note dated October 20, 2015 documented complaints of neck pain. The physical exam dated June 29, 2015 reveals a slowed and guarded gait. The progress note dated October 20, 2015 documented a physical examination that showed a head forward posture, loss of cervical spine range of motion, and severe myofascial trigger points in the trapezius muscles. Treatment has included medications (Carisoprodol, Cymbalta, Hydrocodone-Acetaminophen, OxyContin, Voltaren gel, and Zolpidem). The utilization review (October 28, 2015) non-certified a request for the purchase of a mini massage unit for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Purchase of a mini massager 1 unit, for submitted diagnosis of cervical (neck) degenerative disc disease: 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 claimant has a remote history of a work injury in June 1998 and is being treated for chronic pain including diagnoses of multilevel cervical disc disease, bilateral epicondylitis, and left S1 radiculopathy. Her spouse has liver disease and in November, a liver transplant was being planned. Medications include OxyContin and Norco at a total MED (morphine equivalent dose) of 220 mg per day. When seen, she had been approved for detox and for a functional restoration program. She was grieving a recent loss and these programs were placed on hold until she was more emotionally stable physical examination findings included a normal body mass index. There was a depressed and flat affect. She had a forward head posture with marked loss of range of motion. There were severe myofascial trigger points. Authorization is being requested for purchase of a mini massage unit. Massage therapy is recommended as an option. It should be an adjunct to other recommended treatments such as exercise. In this case, there is no adjunctive treatment planned. Additionally, there is no evidence of benefit from a 4-6 visits trial of massage therapy. For these reasons, this request for purchase of a mini massager is not considered medically necessary.