

Case Number:	CM15-0055386		
Date Assigned:	03/30/2015	Date of Injury:	09/13/2013
Decision Date:	05/06/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/23/2015

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, 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:

The injured worker is a 36 year old female, who sustained an industrial injury on 9/13/2013. Diagnoses include brachial neuritis or radiculitis, pain in joint of shoulder, cervicgia and sleep disturbance. Treatment to date has included medications, diagnostics, chiropractic, massage therapy, physical therapy, heat, ice, work restrictions and consultations. Per the Primary Treating Physician's Progress Report dated 1/09/2015, the injured worker reported neck pain and right shoulder pain. The pain is described as aching and sharp and is rated as 6/10 with zero being no pain and 10 having the worst pain possible. Physical examination of the cervical spine revealed restricted range of motion. Spurling's maneuver causes pain in the in the muscles of the neck radiating to the upper extremity. Cervical facet loading is positive on both sides. The plan of care included injections, diagnostic imaging, and continuation of chiropractic, heat, ice and medications. Authorization was requested for massage therapy x 6, for the cervical spine and bilateral shoulders. The progress report dated January 9, 2015 states that the medications are helping and that the patient's "symptoms are adequately managed. The note states that the patient completed physical therapy and massage therapy with "some relief."

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy for Cervical Spine and Bilateral Shoulders, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 60 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Massage Therapy.

Decision rationale: Regarding the request for massage therapy, Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review, there is no indication as to the number of massage therapy visits the patient has previously undergone. Furthermore, there is no documentation of objective functional improvement from the therapy sessions already authorized. Additionally, there is no indication that the currently requested massage therapy will be used as an adjunct to other recommended treatment modalities. Finally, it is unclear exactly what objective treatment goals are hoping to be addressed with the currently requested massage therapy. In the absence of clarity regarding those issues, the currently requested massage therapy is not medically necessary.