

Case Number:	CM15-0081901		
Date Assigned:	05/04/2015	Date of Injury:	05/03/2007
Decision Date:	06/02/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/28/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 40 year old female, who sustained an industrial injury on May 3, 2007. She was diagnosed with cervical sprain, lumbar sprain, cervical and lumbar degenerative disc disease. Treatment included spinal fusions, anti-inflammatory drugs, pain medications, and physical therapy. Currently the injured worker complained of continued upper back, neck pain and left lower extremity weakness. The treatment plan that was requested for authorization included massage therapy for the cervical spine and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy for the cervical spine and lumbar spine Qty:8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-5, Chronic Pain Treatment Guidelines Massage therapy Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Massage therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, massage therapy cervical spine and lumbar spine #6 is not medically necessary. Massage is a passive intervention and considered an adjunct to other recommended treatment; especially active interventions (e.g. exercise). Massage therapy should be limited to 4-6 visits in most cases. See the guidelines for details. Massage therapy 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. "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living". In this case, the injured worker's working diagnoses are cervical sprain; lumbar sprain; and chronic pain. The documentation, according to a March 23, 2015 progress note, states massage therapy has substantially helped the past. There is no documentation of prior massage therapy progress notes with prior massage therapy. Subjectively, the injured worker has discontinued opiates and muscle relaxants. Pain ranges from 2-8/10. The injured worker has continued upper back, neck pain and upper trapezius and cervical and cervical occipital headaches. Objectively, there is tenderness of the upper back and neck. Lower extremity strength is normal. As noted above, the injured worker received prior massage therapy. There is no documentation indicating objective functional improvement or the total number of massage therapy sessions to date. Massage therapy should be limited to 4-6 visits in most cases. Additionally, the ACOEM does not support passive physical modalities such as massage therapy. Consequently, absent clinical documentation with prior massage therapy and evidence of objective functional improvement, the total number of massage therapy visits (the guidelines recommend 4 to 6 visits in most cases) and compelling clinical facts indicating additional massage therapy is clinically warranted according to guideline non-recommendations. "No high- grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction massage . ." Massage therapy cervical spine and lumbar spine #6 is not medically necessary.