

Case Number:	CM15-0086409		
Date Assigned:	05/08/2015	Date of Injury:	11/01/2007
Decision Date:	06/09/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/05/2015

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:

This is a 52 year old female with a November 1, 2007 date of injury. A progress note dated March 26, 2015 documents subjective findings (ongoing neck pain with headaches with associated nausea and photophobia; pain is rated at a level of 9/10 currently with a lowest level of 7/10 in the last four days), objective findings (looks uncomfortable; tenderness to percussion on the right side of the frontal and temporal scalp; positive spasms in the cervical paraspinal muscles more so on the right up to the right occipital protuberance), and current diagnoses (chronic neck pain and bilateral upper extremity pain; right C5/C6 radicular pain; disc herniations at C4-C5 and C5-C6; right carpal tunnel syndrome; bilateral CMC joint arthritis; insomnia and depression due to chronic pain; chronic cervicogenic migrainous headache). Treatments to date have included magnetic resonance imaging of the cervical spine (March 2008; showed cervical disc protrusion/osteophyte with narrowing of the right neural foramen), nerve conduction studies (right carpal tunnel syndrome), right carpal tunnel release, cervical facet injections (with benefit), and medications. The treating physician documented a plan of care that included a trial of massage therapy for the neck and head.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of massage therapy, neck/head Qty:6: 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 Massage therapy, page(s) 60.

Decision rationale: Massage 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. A short course may be appropriate during an acute flare-up; however, this has not been demonstrated nor are there any documented clinical change or functional improvement from treatment rendered. 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 Trial of massage therapy, neck/head Qty: 6 is not medically necessary and appropriate.