

Case Number:	CM14-0132552		
Date Assigned:	08/22/2014	Date of Injury:	06/08/2002
Decision Date:	10/15/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/19/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 68 year old female with an injury date of 06/08/02. Based on the 07/11/14 progress report provided by [REDACTED] the patient complains of neck pain. Her diagnosis includes cervical disc degeneration, myofascial pain syndrome and lumbar disc degeneration. No physical exams were documented in review of reports. Per utilization review letter dated 08/12/14, patient finds neck pain bothersome despite her doing exercises. Patient uses Theracane and takes Celebrex, Nexium and Voltaren gel for pain and symptoms. On exam, there is tenderness to palpation over bilateral paraspinal and trapezius muscles. Patient has had 4 massage therapy sessions in the past with excellent results. [REDACTED] is requesting Massage Therapy 2 x wk x 6 wks Cervical. The utilization review determination being challenged is dated 08/12/14. The rationale is "lack of documentation of functional deficits and request exceeds recommended duration of visits." [REDACTED] is the requesting provider, and he provided treatment reports from 04/04/14 - 07/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy 2 X wk X 6 wks Cervical: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180, 181.

Decision rationale: The patient presents with cervical disc degeneration, myofascial pain syndrome and lumbar disc degeneration. The request is for Massage Therapy 2 x wk x 6 wks Cervical. The updated ACOEM guidelines has the following regarding massage therapy: (pp180,181) " Recommendation: Massage for Chronic Persistent Low Back or Neck Pain: Massage is recommended for select use in patients with chronic persistent low back or neck pain as an adjunct to active treatments consisting primarily of a graded aerobic and strengthening exercise program. Indication: The intervention is recommended to assist in increasing functional activity levels more rapidly and the primary attention should remain on the conditioning program. In those not involved in a conditioning program, or who are non-compliant with graded increases in activity levels, this intervention is not recommended. Frequency/Duration - Three to five appointments. If ongoing objective is improvement, up to 8 to 10 additional treatments is appropriate." Per utilization review letter dated 08/12/14, patient already had 4 massage therapy sessions with excellent results; however there is no documentation of increased functional activity. It is stated that patient is doing exercises, but there is no mention of active treatments consisting of a graded aerobic and strengthening exercise or conditioning program. Furthermore, the request for 12 sessions exceeds allowed number of visits per guidelines. The request is not medically necessary.