

Case Number:	CM14-0134780		
Date Assigned:	08/27/2014	Date of Injury:	07/12/2006
Decision Date:	10/20/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/21/2014

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 and Rehabilitation, has a subspecialty in Interventional Medicine 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 54 year old female with an injury date of 07/12/06. Based on the 03/13/14 progress report provided by [REDACTED], the patient complains of chronic neck and bilateral upper extremity pain. Physical examination to the cervical spine reveals tender points over the occiput, mid and lower cervical paraspinals as well as tender trigger points over the bilateral upper trapezius on palpation. No focal spasms. Range of motion is slightly decreased and restricted. She is currently using a home TENS unit. She had no significant benefit with cervical epidural injections. She has had good relief with deep tissue release and massage therapy in the past (number of visits not specified). Her medications include Polar Frost topical and Tylenol. [REDACTED] is requesting Massage Therapy 2 x wk x 4 wks cervical spine. The utilization review determination being challenged is dated 08/11/14. The rationale is " number of previous visits not documented, and 8 visits is excessive according to guidelines." [REDACTED] is the requesting provider, and he provided treatment reports from 03/13/14 - 07/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MASSAGE THERAPY 2XWK X 4WKS CERVICAL SPINE: Upheld

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

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

Decision rationale: The patient presents with chronic neck and bilateral upper extremity pain. The request is for Massage Therapy 2 x wk x 4 wks cervical spine. 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 improvement, up to 8 to 10 additional treatments are appropriate." Per progress report dated 03/13/14, patient has had good relief with deep tissue release and massage therapy in the past, where cervical epidural procedure failed to benefit patient. However, in review of reports, there is no mention of active treatments consisting of a graded aerobic and strengthening exercise or conditioning program as adjunct to requested massage therapy. Furthermore, request for 8 visits may be inappropriate by guidelines without knowing the number of previous visits. The request is not medically necessary.