

Case Number:	CM14-0146850		
Date Assigned:	09/12/2014	Date of Injury:	02/23/2012
Decision Date:	10/17/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/09/2014

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 Occupational Medicine and is licensed to practice in Illinois. 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:

This injured worker is a 44 year old man who was injured on February 23, 2012. On his office visit on August 8, 2014 he complained of 3/10 neck, lower back and bilateral wrist pain on medications and 5/10 pain without medications. Although he says his quality of sleep is poor, his activity level has increased and he says his medications are working well and he is working 50 to 60 hours weekly. He takes Prilosec, Neurontin, Flexeril, Naprosyn, Celexa, and Omeprazole. Exam is notable for paraspinal tenderness, normal reflexes, no limitation in the range of motion of the cervical spine, with some limitation of the lumbar spine. He states that the past treatments of physical therapy, acupuncture, transcutaneous electrical nerve stimulation unit, and exercises have helped. He paid for a trial of massage treatments and then an additional 6 treatments which helped alleviate his muscular symptoms. His diagnoses include thoracic and lumbosacral neuritis and radiculitis, lumbosacral spondylosis without myelopathy, mononeuritis of upper limb and mononeuritis multiplex, mood disorder, and brachial neuritis/radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Massage therapy visits for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Per the MTUS Chronic Pain Guidelines, massage therapy is recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (such as exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage 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. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. The injured worker has already had an undisclosed total number of more than 6 massage therapy treatments with some relief. He is already obtaining relief with medications and other modalities so that he is able to work 50-60 hours weekly. Per the MTUS Chronic Pain Guidelines, dependence should be avoided, as massage therapy's strongest benefit is for stress and anxiety reduction. Also per the MTUS Chronic Pain Guidelines, evidence shows that massage therapy is best used as a postoperative pain adjunct treatment. The request is therefore considered not medically necessary.