

Case Number:	CM14-0147217		
Date Assigned:	09/15/2014	Date of Injury:	07/31/1998
Decision Date:	10/15/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/10/2014

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 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 injured worker is a 51-year-old female who reported an injury on 07/31/1998. The mechanism of injury was not submitted for clinical review. The diagnoses included neck pain, radicular pain in left arm, migraines. The previous treatments included medication. Within the clinical note dated 08/04/2014, it was reported the injured worker complained of pain radiating to the left shoulder. She complained of daily chronic migraine headaches and neck pain. The injured worker complained of depression and suicidal ideation. Upon the physical examination, the provider noted C5-6 and C6-7 foraminal encroachment on the left. The treatment plan included the injured worker to start Soma, Norco, and Topamax. The request submitted is for massage therapy. However, a rationale is not submitted for clinical review. The request for authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy once per week for six weeks to the 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 Chronic Pain Treatment Guidelines Massage therapy, Page(s): 60..

Decision rationale: The request for massage therapy, once per week for 6 weeks for the cervical spine, is not medically necessary. The California MTUS Guidelines recommend massage therapy as an option. The treatment should be as an adjunct to other recommended treatments and it should be limited to 4 to 6 visits in most cases. Massage is beneficial in attenuating diffuse musculoskeletal systems, but beneficial effects are registered only during treatment. There is a lack of clinical documentation indicating the injured worker's prior course of physical therapy. There is no indication the injured worker has undergone massage therapy previously or the number of sessions the injured worker has undergone. There is a lack of significant neurological deficits warranting the medical necessity for the request. The provider failed to document an adequate and complete physical examination. Therefore, the request is not medically necessary.