MAXIMUS Federal Services

Case Number:	CM14-0148325		
Date Assigned:	09/18/2014	Date of Injury:	02/23/2012
Decision Date:	10/16/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/12/2014

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 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:

There were 54 pages provided for review. The request for independent medical review was signed on what appeared to be July 9, 2014. The request was for six more massage therapy visits for the cervical spine as an outpatient. Per the records provided, the claimant was described as a 44-year-old man injured back in 2012. He had neck pain and lower backache. He is taking medicines and the activity level has increased. The cervical spine had no limitation and range of motion. There was spasm and tenderness on both sides of the neck. The lumbar spine showed a loss of normal lordosis. Straight leg raise was positive on the left. Past treatment modalities were helpful including physical therapy, acupuncture, exercise and a TENS unit. The claimant is awaiting authorization for chiropractic care. The claimant did report 70% pain relief after three days after trial was six sessions of massage therapy. They were paid out-of-pocket and not through workers compensation. The massage therapy helped alleviate muscle symptoms and it was easier to complete daily chores after work with less pain. There is a lack of long-term benefits. It was unclear over the total number previous visits completed for this body part and it is not recommended to be performed indefinitely. There was a visit note from August 8, 2014. The claimant has neck pain, lower backache and bilateral wrist pain. There is pain with medicine three of L3 on a scale of 1 to 10. There are no new problems. The quality of sleep is poor. The patient is awaiting authorization for referral to orthopedics for the wrists. Medicines include Prilosec, Neurontin, Flexeril, Naprosyn, Celexa and Omeprazole. The patient had a brain surgery in the year 2000. The diagnoses were lumbar radiculopathy, lumbar facet syndrome, cervical strain and carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

(6) Additional Massage Therapy Visits for the cervical spine as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, www.acoempracguides.org/Cervical and Thoracic Spine; Table 2, summary of recommendations, Cervical and Thoracic Spine Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 of 127.

Decision rationale: Regarding Massage therapy, the MTUS notes this treatment should be an adjunct to other recommended treatment (e.g. 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. In this case, it is not clear it is being proposed as an adjunct to other treatment, such as exercise. The request is not medically necessary.