

Case Number:	CM14-0152452		
Date Assigned:	09/22/2014	Date of Injury:	07/29/2009
Decision Date:	10/21/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/18/2014

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 Pain Management 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:

This is a female patient with the date of injury of July 29, 2009. A utilization review determination dated September 12, 2014 recommends noncertification of physical therapy 2x6 for the cervical/lumbar, with modification to massage therapy 1x4 for the cervical/lumbar. A progress note dated August 4, 2014 identifies subjective complaints of neck pain with radiation to upper extremities that is under fair to good control since a cervical epidural steroid injection in March 2014, however her pain is gradually returning. The patient describes the pain as a constant hot burning and tingling sensation with radiation to the left upper extremity and right upper extremity. The patient states that the worst the pain gets is a 10/10, currently her pain is a 5/10. The pain is worsened with coughing, increased activity, movement, and sneezing. Her pain is improved by applying heat, lying flat, massage, taking medications, and dressing. The patient is also complaining of lower back pain that she describes as constant. The pain radiates to bilateral lower extremities. The worst he pain gets is a 10/10, her current pain level is a 7/10. Her pain is worsened with coughing, increased activity, movement, and sneezing. Her pain is better with applying ice, lying flat, massage, taking medications, and resting. Physical examination identifies tenderness with palpation of the cervical facet region on both sides, palpable trigger points are noted in the muscles of the head and neck over the cervical spine musculature bilaterally. Examination of the lumbar spine reveals right and left sided pain of bilateral sacroiliac joints, the patient has tenderness in the lumbar paravertebral, quadrates lumborum, gluteus medius, and maximus muscles bilaterally. The diagnoses include brachial neuritis or radiculitis, cervicgia, lumbago, cervical disc disease, headache, myalgia and myositis, lumbosacral spondylosis, and sacroilitis. The treatment plan recommends Doral QHS as needed for sleep, soma 350 mg BID is needed for muscle spasms, and continuation of all other medications. The treatment plan also recommends authorization for massage therapy for the neck and upper extremity as well as the

lower back for two times a week for six weeks for a total of 12 sessions, and the patient is asked to continue with her activities and exercise at home as tolerated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy 2 x6 cervical/lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 60 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Massage Therapy

Decision rationale: Regarding the request for massage therapy 2x6 for the cervical/lumbar, Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review, the number of visits requested exceeds the number of visits recommended by the guidelines. Additionally, there is no indication that the currently requested massage therapy will be used as an adjunct to other recommended treatment modalities. Finally, it is unclear exactly what objective treatment goals are hoping to be addressed with the currently requested massage therapy. In the absence of clarity regarding those issues, the currently requested massage therapy 2x6 for the cervical/lumbar is not medically necessary.