

Case Number:	CM14-0096797		
Date Assigned:	07/28/2014	Date of Injury:	02/07/2012
Decision Date:	09/19/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/25/2014

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 Texas and Ohio. 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 53-year-old male with a reported date of injury on 02/07/2012. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include cervicgia, degeneration of cervical intervertebral disc, spinal stenosis in the cervical region, cervical radiculitis, carpal tunnel syndrome, lumbago, degeneration of lumbar or lumbosacral intervertebral disc, spinal stenosis of the lumbar region without neurogenic claudication, and myalgia/myositis. His previous treatments were noted to include medications, massage therapy, and mental health treatments. The progress note dated 07/18/2014 revealed complaints of neck, right shoulder, and low back pain. The injured worker reported he was improving with massage therapy and that he was feeling looser and his mobility had improved. The injured worker reported the medications, massage therapy, and mental health exercises were helping with his progression. The physical examination of the cervical spine revealed diminished sensation in the right C7-8 dermatome and tenderness over the cervical paraspinals and upper trapezius bilaterally with muscle tightness and cervical range of motion was reduced in all planes due to pain. The physical examination of the right shoulder revealed tenderness to palpation with mild spasm and muscle tightness and myofascial restrictions appreciated along the bilateral upper/middle/lower trapezius, latissimus, and rhomboids. The range of motion was diminished and the strength was rated 5/5 in all planes. The physical examination to the lumbar spine revealed motor strength rated 5/5 and sensation was equal and intact. The sciatic notches were painful to palpation and the sacroiliac joints were tenderness to palpation. There was tenderness over the paraspinals with related muscle tightness and there was increased pain with extension and flexion. The Request for Authorization form was no submitted within the medical records. The request was for massage therapy 6 sessions; however, the provider's rationale was submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy 6 sessions: Upheld

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

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

Decision rationale: The request for massage therapy 6 sessions is not medically necessary. The injured worker has received previous massage therapy sessions and reported he felt looser and improved and had functional improvement. The California Chronic Pain Medical Treatment Guidelines recommend massage therapy as an option and it should be used as an adjunct to other recommended treatments, such as exercise and should be limited to 4 to 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. A very small pilot study showed that massage can be at least as effective as standard medical care in chronic pain syndromes. The strongest evidence for benefits of massage is for stress and anxiety reduction, although research for pain control of management of other symptoms, including pain, is promising. The guidelines limit 4 to 6 visits of massage therapy and recommend it should not be depended upon. There is a lack of documentation regarding number of sessions completed and specific functional improvements from previous massage therapy sessions. Therefore, the request is not medically necessary.