MAXIMUS Federal Services

Case Number:	CM15-0011721		
Date Assigned:	01/29/2015	Date of Injury:	03/11/2014
Decision Date:	03/25/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/20/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Arizona, Texas
Certification(s)/Specialty: Internal Medicine

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 41 year old female, who sustained an industrial injury on 3/11/2014. She reported neck, right elbow and right forearm pain. Diagnoses include cervicalgia, cervical bulging disc, cervical degenerative disc disease, cervical radiculopathy, cervical facet joint syndrome, limb pain and lateral epicondylitis. Treatments to date include physical therapy, medication management and injections. Magnetic resonance imaging from 10/01/2014 showed cervical 5-6 small right para-central disc protrusions with mild thecal sac narrowing. A progress note from the treating provider dated 12/10/2014 indicates the injured worker reported bilateral neck, right elbow and right forearm pain. The treatment plan included 8 massage therapy visits and 8 acupuncture visits. On 12/22/2014, Utilization Review non-certified the request for massage therapy and for acupuncture, citing ACOEM and MTUS. The Independent Medical Review requested review of the 8 massage treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Massage treatments 2 times a week for 4 weeks for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 60.

Decision rationale: According to the MTUS massage therapy is recommended as an option. This treatment should be an adjunct to other recommended treatment (eg. 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. In this case the provider has requested 8 sessions which exceeds the recommended amount of treatment per the MTUS.