MAXIMUS Federal Services

Case Number:	CM15-0115431		
Date Assigned:	06/23/2015	Date of Injury:	08/25/2012
Decision Date:	07/22/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/16/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 67 year old male, who sustained an industrial injury on August 25, 2012. He reported a twinge in his low back with spasms. Imaging of the lumbar spine was within normal limits and he was diagnosed with a low back strain. Treatment to date has included MRI of the lumbar spine, orthopaedic spine surgeon consultation, functional restoration program, assistive devices, therapy, and medications. Currently, the injured worker complains of constant left-side neck pain, headache and left thumb pain. He reports that his neck muscles are tight and he feels cramping on the left side of his neck and upper trapezius muscles. He reports that certain movements such as turning his head or using the left upper extremity repetitively cause an increase in pain. He continues to have pain in his left thumb and reports that the thumb feels as if it is stuck. He has difficulty with gripping with the left hand. On physical examination, the injured worker has spasm and hypertonicity in the cervical spinal muscles and upper trapezius muscles. His range of motion is within normal limits. His hand is tenderness to palpation at the CMC joint and his range of motion is limited by pain. He cannot flex his thumb to his palm. An MRI of the cervical spine on February 19, 2014 revealed multi-level disc degeneration, multi-level foraminal stenosis, and facet arthropathy at C2-3. An EMG of the bilateral upper extremities on September 16, 2013 revealed bilateral C5-C6 radiculopathy and bilateral polyneuropathy. The diagnoses associated with the request include disorders of the sacrum, sciatica, and lumbar disc displacement without myelopathy. The treatment plan includes x-ray of the left hand, twelve sessions of acupuncture, twelve sessions of massage therapy, cyclobenzaprine-Flexeril and voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy x12 for the neck, lumbar spine, neck, left upper extremity qty: 12:
Upheld

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

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

Decision rationale: Massage is recommended for time-limited use in subacute and chronic pain patients without underlying serious pathology and as an adjunct to a conditioning program that has both graded aerobic exercise and strengthening exercises; however, this is not the case for this chronic injury status post significant conservative physical therapy currently on an independent home exercise program without plan for formal physical therapy sessions. The patient has remained functionally unchanged despite completion of functional restoration program for this 2012 injury. A short course may be appropriate during an acute flare-up; however, this has not been demonstrated nor are there any documented clinical change or functional improvement from treatment rendered previously. Without any new onset or documented plan for a concurrent active physical exercise program, criteria for massage therapy have not been established per MTUS Chronic Pain Guidelines. The Massage therapy x12 for the neck, lumbar spine, neck, left upper extremity qty: 12 is not medically necessary and appropriate.