

Case Number:	CM15-0116012		
Date Assigned:	06/24/2015	Date of Injury:	11/16/1998
Decision Date:	07/23/2015	UR Denial Date:	06/10/2015
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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 59 year old female, who sustained an industrial injury on 11/16/1998. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar degenerative disc disease, carpal tunnel syndrome, degenerative joint disease to the hand, neck sprain/strain, and chronic pain syndrome. Treatment and diagnostic studies to date has included laboratory studies, physical therapy, home exercise program, medication regimen, and use of heat and ice. In a progress note dated 03/02/2015 the treating physician reports complaints of constant, deep, pressure, throbbing pain to the neck radiating to the shoulder up into the head with headaches, along with constant, deep, pressure, throbbing pain to the bilateral wrists, hand, bilateral knees, and the low back radiating to the right leg. Examination reveals moderate to severe spasms to the bilateral cervical paraspinal muscles and the trapezius muscles, limited range of motion to the neck, bilateral occipital pain with headaches, decreased grip bilaterally, bilateral wrist pain with numbness and tingling, spasms to the lower lumbar paraspinal muscles with the right more than the left, limited range of motion to the lumbar spine, and crepitus to the bilateral knees. The injured worker's pain is rated a 6 out of 10. The treating physician requested four sessions of outpatient massage therapy to the cervical spine noting that the injured worker has chronic pain syndrome along with the documentation noting that the injured worker has not utilized this treatment modality and it would be used in addition to therapy and her current home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 massage therapy for the cervical spine, 4 sessions, outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic) (updated 11/18/2014).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: According to MTUS guidelines, massage therapy "Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion." There is no documentation of objective findings that support musculoskeletal dysfunction requiring massage therapy. The provider did not document a rationale behind the request for 4 massage therapy sessions. Therefore, the request for 4 Massage therapy for the cervical spine is not medically necessary.