

Case Number:	CM15-0120473		
Date Assigned:	07/01/2015	Date of Injury:	07/17/2009
Decision Date:	07/30/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/22/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 61-year-old male who sustained an industrial injury on 07/17/2009. Mechanism of injury was not documented. Diagnoses include status post lumbar laminectomy in 2010, status post anterior cervical vertebrectomy and fusion at C3, C4, C5, and C7 in January of 2012 as well as posterior cervical laminectomy and posterior cervical fusion at C3, C4, C5, C5, and C7 in January of 2012. Treatment to date has included surgery and medications. The injured worker is retired. A physician progress note dated 05/28/2015 documents the injured worker is doing quite well. He notes that he occasionally needs deep massage in the musculature of the neck posteriorly to keep his neck comfortable. He continues to take Motrin as needed for his problems. On examination, there is tenderness with slight spasm in the paraspinal musculature of the neck and slightly limited range of motion. He has been driving more and there has been a mild flare up of pain in his right leg, primarily to the anterior thigh. Treatment requested is for 16 massage therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 massage therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Massage therapy and Physical medicine Page(s): 60 and 98-99.

Decision rationale: 16 massage therapy sessions is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that this treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Massage is a passive intervention and treatment dependence should be avoided. The MTUS supports an active independent home exercise program. The documentation does not reveal extenuating circumstances, which would necessitate 16 massage therapy sessions therefore this request is not medically necessary.