

Case Number:	CM15-0126865		
Date Assigned:	07/13/2015	Date of Injury:	02/11/2014
Decision Date:	08/11/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/30/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 45-year-old, who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with an industrial injury of February 11, 2014. In a Utilization Review report dated June 12, 2015, the claims administrator failed to approve a request for six sessions of massage therapy. A partial approval of two sessions was issued. The claims administrator referenced a June 4, 2015 RFA form and associated June 3, 2015 progress note in its determination. The claims administrator suggested that the applicant had received earlier massage therapy over the course of the claim, but did not note how much massage therapy applicant received. The applicant's attorney subsequently appealed. On June 3, 2015, the applicant reported ongoing complaints of neck and shoulder pain. The applicant was placed off work, on total temporary disability. Six additional sessions of massage therapy were proposed. The applicant had received an ultrasound-guided corticosteroid injection some one-month prior, it was reported. 8/10 pain complaints were reported. The applicant did have comorbid issues of depression and hypertension and was apparently using Celexa and hydrochlorothiazide for the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Massage Therapy for the cervical spine, lumbar spine, and left shoulder, twice a week for three weeks: Upheld

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

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

Decision rationale: No, the request for six sessions of additional massage therapy was not medically necessary, medically appropriate, or indicated here. As noted on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines, massage therapy should be employed only as an adjunct to other recommended treatments, such as exercise, and should be limited to four to six visits in most cases. Here, the applicant had had earlier unspecified amounts of massage therapy over the course of the claim through the date of the request, June 3, 2015. The attending provider framed the request as a request for six additional sessions of massage therapy for the neck, shoulder, and back. The fact that the applicant remained off of work, on total temporary disability, as of this date, however, strongly suggested that the massage therapy at issue was not, in fact, being employed as an adjunct to other recommended treatments, exercise, and/or maintenance of appropriate levels of activity at home and/or at work, and furthermore, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of massage therapy over the course of the claim. The fact that the request in question represents a renewal or extension request, moreover, also strongly suggested that the request represented treatment in excess of four to six visits suggested on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.