

Case Number:	CM15-0179644		
Date Assigned:	09/21/2015	Date of Injury:	12/05/2011
Decision Date:	10/28/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/11/2015

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 32 year old female, who sustained an industrial injury on December 5, 2011. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having cervical herniated nucleus pulposus. On September 12, 2013 an MRI scan revealed multilevel disc bulging. On June 15, 2015, the injured worker complained of neck pain and muscle tightness with limited range of motion. She also complained of numbness and tingling in the bilateral upper extremities. Physical examination of the cervical spine revealed spasms and tenderness. Compression test was positive. The treatment plan included chiropractic treatment. On August 10, 2015, subjective notes stated "relief" with chiropractic treatment. She was noted to have increased pain and spasm without treatment. On August 24, 2015, utilization review denied a request for twelve massage therapy sessions twice a week for six weeks for cervical as outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Massage Therapy 2x6 for Cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

Decision rationale: The patient presents with neck pain. The request is for 12 Massage Therapy 2x6 for Cervical. Physical examination to the cervical spine on 06/15/15 revealed tenderness to palpation to the paracervical muscles with tenderness. Range of motion was limited with pain. Patient's diagnosis, per 08/08/15 Request for Authorization form, includes cervical HNP. Per 08/10/15 progress report, patient is to remain off-work until the next office visit. MTUS Chronic Pain Medical Treatment Guidelines, page 60, Massage Therapy section states that it is recommended as an option and as an adjunct with other recommended treatments such as exercise and should be limited to 4 to 6 visits. Massage is a passive intervention and treatment, dependence should be avoided. Treater has not discussed this request. The patient continues with pain in the cervical spine. Review of the medical records provided did not indicate prior massage therapy. Given the patient's condition, a short course of therapy would be appropriate. However, the requested 12 session of therapy exceeds what is allowed by MTUS. Therefore, the request is not medically necessary.