

Case Number:	CM15-0072241		
Date Assigned:	06/09/2015	Date of Injury:	12/05/2000
Decision Date:	07/09/2015	UR Denial Date:	03/28/2015
Priority:	Standard	Application Received:	04/15/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 51 year old, male who sustained a work related injury on 12/5/2000. The diagnoses have included cervical spine strain, lumbosacral strain, lumbar radicular pain, failed back syndrome and failed neck surgery. Treatments have included massage therapy, medications, lumbar epidural steroid injections, lumbar surgery x 2, cervical spine surgery, and physical therapy. The Worker's Compensation; Pain Management Follow-Up Evaluation dated 2/27/15, the injured worker complains of neck pain. He describes the pain as achy, dull, worse with looking downward, and worse with any movement. He rates this pain level a 9/10. He complains of low back pain. He describes the pain as dull, intermittent, and achy pain with numbness and tingling. He has numbness and tingling in his legs. He rates this pain level a 9-10/10. He has limited range of motion in neck and low back. He states the pain was better with previous massage therapy. The treatment plan includes a psychology referral for cognitive and a request for massage therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 sessions of massage therapy: 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 Page(s): 60.

Decision rationale: Recommended as an option as indicated below. 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. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. (Hasson, 2004) A very small pilot study showed that massage can be at least as effective as standard medical care in chronic pain syndromes. Relative changes are equal, but tend to last longer and to generalize more into psychologic domains. (Walach 2003) The strongest evidence for benefits of massage is for stress and anxiety reduction, although research for pain control and management of other symptoms, including pain, is promising. The physician should feel comfortable discussing massage therapy with patients and be able to refer patients to a qualified massage therapist as appropriate. (Corbin 2005) Massage is an effective adjunct treatment to relieve acute postoperative pain in patients who had major surgery, according to the results of a randomized controlled trial recently published in the Archives of Surgery. (Mitchinson, 2007) Massage/myofascial release is a recommended treatment option per the California MTUS as an adjunct to exercise. However the requested amount of session is in excess of the guideline recommendations. Therefore the request is not medically necessary.