

Case Number:	CM15-0074138		
Date Assigned:	04/24/2015	Date of Injury:	03/07/2007
Decision Date:	05/21/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/17/2015

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: Emergency 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 54 year old female who sustained an industrial injury on 03/07/2007. Diagnoses include low back pain, lumbar disc bulging, sacroiliac pain, myofascial pain, chronic pain syndrome, bilateral shoulder pain, bilateral knee pain, neck pain and cervical degenerative disc disease. Treatment to date has included diagnostic studies, medications, acupuncture, cortisone injections to shoulders, physical therapy, heat and ice, and home exercise program. A physician progress note dated 03/31/2015 documents the injured worker has pain in her neck and shoulders as well as neuropathic pain in her upper extremities, right more than left. She rates her pain as 8 out of 10 without her medications, and 5 out of 10 with her medications. Sensation is intact but decreased over the right upper extremity. Spurling's test is positive on the right. She has tenderness over the cervical paraspinals, trapezius and rhomboids. Myofascial restrictions are appreciated bilaterally. There is tenderness over the facet joints. Cervical spine range of motion is reduced in all planes. There is diffuse tenderness to palpation over each shoulder, and she has decreased range of motion in both shoulders. Treatment requested is for massage 1x6, cervical and lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage 1x6, cervical and lumbar: Overturned

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 Page(s): 60.

Decision rationale: As per MTUS Chronic pain guidelines, massage therapy may be effective in chronic pain but should be used with other therapies such as exercise. Current guidelines only recommend 4-6 visits. Patient has not had prior documented massage therapy. Patient is undergoing home exercise program and has been through several prior conservative modalities. A trial of massage therapy meets criteria for medical necessity.