

Case Number:	CM15-0075751		
Date Assigned:	04/28/2015	Date of Injury:	10/19/2010
Decision Date:	05/26/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/20/2015

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, Florida, 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 injured worker is a 56 year old male, who sustained an industrial injury on 10/19/2010. The injured worker is currently diagnosed as having right hip pain, chronic pain syndrome, neck pain, lumbar radiculitis, cervical degenerative disc disease, lumbar stenosis, lumbar degenerative disc disease, cervical radiculitis, cervical discogenic pain syndrome, cervical degenerative disc disease, cervical radiculitis, and cervical discogenic pain. Treatment and diagnostics to date has included Transcutaneous Electrical Nerve Stimulation Unit, cervical spine surgery, acupuncture, home exercise program, cervical spine MRI, lumbar spine MRI, and medications. In a progress note dated 03/16/2015, the injured worker presented with complaints of neck and low back pain. The treating physician reported requesting authorization for massage therapy for his neck and low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy 1x per week for 6 visits for the head/neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 60 of 127.

Decision rationale: This claimant was injured 5 years ago, and has pain in several areas due to degenerative disease. TENS, surgery to the neck, acupuncture, and therapy have been unsuccessful. There is neck and low back pain. Regarding Massage therapy, the MTUS notes 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. It is not clear it is being proposed as an adjunct to other treatment, such as exercise. Also, the outcomes in regard to benefit are contradictory. The request is appropriately not medically necessary.