

Case Number:	CM15-0078292		
Date Assigned:	04/29/2015	Date of Injury:	01/27/1999
Decision Date:	05/28/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 72-year-old female sustained an industrial injury to the neck and back on 1/29/99. Previous treatment included massage and medications. In a PR-2 dated 12/9/14, the injured worker complained of moderate neck and low back pain with radiation to bilateral upper and lower extremities that increased with the cold weather. Physical exam was remarkable for tenderness to palpation to the cervical spine and lumbar spine with decreased range of motion and bilateral positive straight leg raise. Current diagnoses included cervical spine sprain/strain, lumbar spine sprain/strain, fibromyalgia and cervical spine disc protrusion. The treatment plan included full body and full spine massage to treat flare-ups of fibromyalgia. In a second, undated PR-2, the injured worker reported that massage therapy had been beneficial. On 3/3/15, a request for authorization was submitted for massage therapy and Tylenol # 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy (Full body and spine massage): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

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

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for neck and radiating low back pain. When seen, she had a flare up of pain and a diagnosis of fibromyalgia. Prior massage therapy had been helpful. A single massage therapy session was requested. Massage therapy is recommended as an option. It should be an adjunct to other recommended treatments such as exercise. Guidelines recommend that it should be limited to 4-6 visits in most cases. In this case there is no adjunctive treatment planned and a single session is being requested for palliative means. Exercise would be expected to be particularly helpful in this case. Massage is a passive treatment and would not be recommended without a planned exercise program. The request was not medically necessary.