

Case Number:	CM15-0094502		
Date Assigned:	05/20/2015	Date of Injury:	05/25/1994
Decision Date:	07/22/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/15/2015

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: 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 59 year old male, who sustained an industrial injury on 5/25/1994. Diagnoses have included chronic neck and low back pain and intermittent headaches. Treatment to date has included medication. According to the progress report dated 4/16/2015, the injured worker complained of ongoing neck, low back and upper extremity pain. He rated his current pain as 6/10. He reported that Zanaflex helped with the muscle spasm and tenseness. He reported that having massage therapy fifteen years ago significantly reduced his pain. Current medications included Ultracet, Ambien, Xanax and Zanaflex. Exam of the lumbar spine showed tenderness to palpation over the paraspinal muscles, left side greater than the right. Range of motion was decreased and painful. Exam of the shoulders showed decreased range of motion of the bilateral shoulders. Authorization was requested for six massage therapy sessions for the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Massage therapy sessions for the cervical and lumbar spine, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Massage Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Massage therapy for the cervical spine; Official Disability Guidelines (ODG), Low Back, massage therapy for the low back.

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

Decision rationale: Massage is recommended for time-limited use in subacute and chronic pain patients without underlying serious pathology and as an adjunct to a conditioning program that has both graded aerobic exercise and strengthening exercises; however, this is not the case for this chronic injury status post significant conservative physical therapy currently on an independent home exercise program without plan for formal physical therapy sessions. The patient has continued to treat for chronic symptoms. A short course may be appropriate during an acute flare-up, red-flag conditions, or progressive deterioration; however, this has not been demonstrated nor are there any documented clinical change or functional improvement from treatment rendered previously. Without any new onset or documented plan for a concurrent active exercise program, criteria for massage therapy have not been established per MTUS Chronic Pain Guidelines. The 6 Massage therapy sessions for the cervical and lumbar spine, as an outpatient is not medically necessary and appropriate.