

Case Number:	CM15-0096946		
Date Assigned:	05/27/2015	Date of Injury:	07/04/2008
Decision Date:	07/03/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/19/2015

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:

This 47-year-old man sustained an industrial injury on 7/4/2008. The mechanism of injury is not detailed. Diagnoses include cervical neuropathic pain. Treatment has included oral medications, ice, tennis ball for trigger point release, and home exercise program. Physician notes dated 1/8/2015 show complaints of neck pain with radicular symptoms and occasional popping and cracking tension through the shoulders. Recommendations include continue heat, ice, stretching, myofascial release therapy for acute flares, elbow splint, and follow up in six months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy times six visits: 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 therapy Page(s): 60.

Decision rationale: The patient complains of neck pain, rated at 1-2/10, radiating to bilaterally upper extremities, occasionally flaring up to 4-5/10, as per progress report dated 01/08/15. The

request is for MASSAGE THERAPY X 6 VISITS. The RFA for the case is dated 05/05/15, and the patient's date of injury is 07/04/08. Diagnoses, as per progress report dated 01/08/15, included neuropathic cervical pain. The pain is managed with occasional Naproxen. The patient has returned to full duty, as per the same report. The MTUS Guidelines page 60 on massage therapy states that it is recommended as an option and as an adjunct with other recommended treatments such as exercise and should be limited to 4 to 6 visits. Massage is a passive intervention and treatment, dependence should be avoided. In this case, the patient has received massage therapy in the past. In progress report dated 01/08/15, the treater states that occasional flares "are well managed with massage on a 'as needed basis', precluding need for meds or ensuing lost time from work due to narcotic use." While the reports do not document number of sessions completed, the UR denial letter states that the patient has already completed 4-6 visits recommended by MTUS. Hence, the request IS NOT medically necessary.