

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/20/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/29/2013
Date of Injury:	8/4/2011
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0010615

- 1) MAXIMUS Federal Services, Inc. has determined the request for **massage therapy for four sessions, one every two weeks with Dr. [REDACTED]** is not medically necessary and appropriate.

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 7/29/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/17/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **massage therapy for four sessions, one every two weeks with Dr. [REDACTED] is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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 treatments and/or services at issue.

### **Expert Reviewer Case Summary:**

The claimant is a 50 year old female who sustained an injury on 8/4/11. The mechanism of injury was a cumulative trauma. The diagnoses include chronic pain syndrome, cervical spondylois with myelopathy, neck strain and sprain, carpal tunnel syndrome, morbid obesity, and polyneuropathy due to drugs per provider's notes dated 7/9/13. She has continued neck pain with decreased range of motion on exam, and complains of neck pain with stiffness with tingling and numbness in both hands. She has been treated with medical therapy which includes Norco, Trazadone HCL, Gabapentin, Alendronate, Flexeril, Lorazepam, and Advil. An MRI of the cervical spine revealed 1-2mm disc bulges at C4-5, C5-6, and C6-7 with stenosis of the foramina, facet arthropathy at C4-5, C5-6, and C6-7. The claimant has completed an unspecified number of chiropractic sessions. The claimant's provider has requested massage therapy for four sessions, one every two weeks.

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

[REDACTED]

**1) Regarding the request for massage therapy for four sessions, one every two weeks with Dr. [REDACTED] :**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the California Medical Treatment Utilization Schedule (MTUS), 2009, Massage Therapy, pg. 60; Physical Medicine, pg. 98-99, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Massage therapy, pg 60 and Physical Medicine, pg 98-99, which is a part of the MTUS..

Rationale for the Decision:

The medical records reviewed do not provide documentation necessitating the requested massage therapy for four sessions, one every two weeks. Per California MTUS 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. There is no evidence in the medical record of significant progressive functional improvement from the previous conservative measures such as chiropractic therapy. In addition, there is no evidence of palpable spasm on exam that would be expected to improve with massage therapy. **The request for massage therapy for four sessions, one every two weeks with Dr. [REDACTED] is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.