

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/5/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/8/2013
Date of Injury:	7/31/2012
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004712

- 1) MAXIMUS Federal Services, Inc. has determined the request for twelve massage therapy sessions for the neck **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. 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 twelve massage therapy sessions for the neck **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 Preventive Medicine and Occupational 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 applicant, is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of July 31, 2012. Thus far, the claimant has been treated with the following: Analgesic medications; adjuvant medications; psychotropic medications; and transfer of care to and from various providers in various specialties. Specifically reviewed is July 4, 2013, utilization review report denying authorization for physical therapy and a TENS unit. Also reviewed is a July 29, 2013 note suggesting that the claimant is working and is having difficulty working overtime. Claimant has returned to modified duty work. A prior note of July 16, 2013 is notable for comments that the claimant will receive medication refills. The claimant has only received six sessions of acupuncture. Twelve additional sessions of acupuncture are sought. A prior note of June 18, 2013 is notable for request for a TENS unit to increase range of motion and functional capacity while obtaining 12 sessions of massage therapy. The claimant is given prescriptions for Prozac, Norflex, and Tylenol No.3 on that day.

### **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:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for twelve** massage therapy sessions for the neck:

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 Chronic Pain Medical Treatment Guidelines, Physical Medicine, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Massage therapy, page 60, which is part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain Guidelines indicate that massage therapy is only recommended as an adjunct to other recommended treatments such as home exercise and should generally be limited to four to six treatments in most cases. The medical records reviewed provide little support for the 12-session course of massage therapy sought by the attending provider and the records do not provide evidence that the employee is participating in a home exercise program. **The request for twelve massage therapy sessions for the neck 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.