

<b>Case Number:</b>	CM13-0051592		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/13/2009
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 52-year-old female who reported an injury on 05/13/2009. The mechanism of injury was noted to be a slip and fall. She is diagnosed with cervical spondylosis. Her symptoms are noted to include neck pain and muscle spasm. Her physical examination findings included decreased range of motion in the cervical spine and myofascial spasm. A recommendation was made for medication refills and massage therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MASSAGE THERAPY, EIGHTEEN VISITS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** According to the California MTUS Guidelines, massage therapy is recommended as option when used as an adjunct to therapeutic exercise programs and should be limited to 4 to 6 visits in most cases. The clinical information submitted for review indicated that the patient has significant neck pain and spasm. However, she was not noted to be currently participating in a therapeutic exercise program and massage therapy is noted to be a passive

treatment, only recommended as an adjunct to an active therapy program; therefore the request is not supported. In addition, as the guidelines specify that massage therapy is only recommended at 4 to 6 visits, the request for 18 sessions of massage therapy exceeds guideline recommendations. For the reasons noted above, the request is non-certified.