

<b>Case Number:</b>	CM14-0104619		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/17/2006
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Interventional Spine 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 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 50-year-old female with date of injury of 08/17/2006. The listed diagnoses per [REDACTED] dated 06/19/2013 are: 1. Lumbosacral disk degeneration. 2. Cervical disk degeneration. 3. Radicular syndrome of the upper limbs. 4. Long term use of medications. According to this report, the patient complains of neck stiffness with persistent low back pain. She describes her pain as throbbing, pounding, sore, aching, shooting, tight, intense, burning, radiating, and pinching. The physical examination shows the patient is alert, oriented, in no acute distress. There is slight decrease in range of motion of the cervical spine. There is tenderness to palpation in the left trapezius area and left paraspinal cervical musculature. The patient's gait is normal. There is decreased sensation and motor strength to the left hand. There is tenderness to palpation over the bilateral lumbar paraspinal musculature in the back. Straight leg raise is full bilaterally. The utilization review denied the request on 06/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy 2x6 for the left upper extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98,99.

**Decision rationale:** This patient presents with neck and lower back pain. The treater is requesting 12 occupational therapy visits for the left upper extremity. The MTUS Guidelines page 99 and 98 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The records do not show any OT reports to verify how many treatments the patient has received and with what results. The progress report dated 03/21/2014 notes that the patient is going to physical therapy and during the first few visits, she has had "flare of symptoms." The current request is for OT treatments to the arms. The treater does not explain why a separate therapy is required for the arms. The patient does not present with a separate diagnosis of the upper extremities. The arm symptoms are coming from the C-spine for which the patient is already receiving treatments. MTUS page 8 on chronic pain requires satisfactory response to treatment including increased levels of function, decreased pain or improved quality of life. Given that the patient reports "flare of symptoms" while utilizing physical therapy, it is not clear what occupational therapy is going to do for this patient. Furthermore, the requested 12 sessions exceeds what is allowed per MTUS. Recommendation is for denial.

**Massage therapy x12 Cervical spine and left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** This patient presents with neck and lower back pain. The treater is requesting 12 massage therapy visits for the cervical spine and left upper extremity. 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. The records show that the patient has not received massage therapy in the past. While the patient can benefit from an initial trial of massage therapy, the requested 12 sessions exceed MTUS Guidelines. Recommendation is for denial.