

Case Number:	CM14-0014803		
Date Assigned:	02/28/2014	Date of Injury:	03/20/2010
Decision Date:	07/21/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/05/2014

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, 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 60-year-old male who has submitted a claim for myofascial cervical spine strain, right carpal tunnel syndrome, and cervical spondylosis associated with an industrial injury date of March 20, 2010. Medical records from June 2013 through December 2013 were reviewed, which showed that the patient complained of persistent spasms and pain the cervical spine. Pain was non-radicular, although he would have tingling in his hands, which appeared to be positional in nature. Physical examination showed the following cervical spine ranges of motion: flexion 60 degrees, extension 30 degrees, right rotation 45 degrees, left rotation 60 degrees, right tilt 45 degrees, and left tilt 45 degrees. Movement produced localized, but not referred, pain. Treatment to date has included physical therapy, massage therapy, and medications, which include Ibuprofen 800mg and Soma 350mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

**MASSAGE THERAPY 2 SESSIONS PER WEEK FOR 6 WEEKS (12 SESSIONS),
NECK:** 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 Page(s): 60.

Decision rationale: According to page 60 of the California MTUS Chronic Pain Medical Treatment Guidelines, massage therapy is recommended as an option and should be an adjunct to other recommended treatment and it should be limited to 4-6 visits in most cases. In this case, the patient has already completed an unknown number of massage therapy sessions, but there were no documented specific functional improvements from these visits, such as improved activities of daily living. The reason for requesting massage therapy was not mentioned in the medical records. It is unclear if he currently has a home exercise program, which is a required adjunct to massage therapy. Furthermore, the requested number of therapy sessions exceeds guideline recommendations. As such, the request is not medically necessary.