

<b>Case Number:</b>	CM14-0017752		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	10/20/1998
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 & 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 injured worker is a 56 year old male who reported an injury on 10/20/1998 secondary to unknown mechanism of injury. The diagnoses include post-cervical laminectomy syndrome, low back pain, lumbar radiculitis and chronic pain syndrome. The injured worker was evaluated on 11/26/2013 for reports of neck, right upper extremity and lower back pain. The exam noted the injured worker had completed 6 sessions of massage therapy and reported great improvement of pain and muscle tension. The exam also noted to see massage therapy notes; however, there is no massage therapy notes in the documentation provided. The treatment plan indicated continued medication plan, massage therapy and neurosurgical consultation. There is no evidence of request for authorization or rationale in the documentation provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MESSAGE THERAPY X 6; CERVICAL SPINE:** Upheld

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

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

**Decision rationale:** The California/MTUS Chronic Pain Medical Treatment Guidelines state massage thereapy is recommended as an adjunct to other recommended treatment and should be limited to 4-6 visits. In this case, the documentation provided indicates the injured worker has already received a total of 6 visits. There is also no objective evidence in the documentation provided of the efficacy of the massage thereapy. The request exceeds the recommended total number of sessions. Therefore, the request for massage therapy for the cervical spine, quantity 6 is not medically necessary and appropriate.