

<b>Case Number:</b>	CM14-0115300		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	02/16/2013
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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 injured worker is a 65-year-male who reported an injury on 02/16/2013 due to a violent attack by an inmate. The injured worker had diagnoses including chronic head injury with loss of consciousness, post-concussion syndrome, diffuse sensory neuropathy of the median and ulnar nerves, chronic painful generalized spinal degenerative disc disease and moderate thoracolumbar scoliosis. Prior treatments included a total of 24 visits of physical therapy since 11/20/2013 and 3 sessions of massage therapy since 12/13/2013. Diagnostic studies included an X-ray of orbits pre-MRI, an MRI of the brain without contrast, and x-rays of the left shoulder dated 02/20/2014 and two view. The injured worker had no prior surgical history. On 06/13/2014 the injured worker complained of chronic anxiety, insomnia, difficulty with balance and memory, ringing in his ear and also pain in the mid back. The injured worker had significantly abnormal electrodiagnostic testing which revealed sensory neuropathy. Reduced sensation to temperature and pinprick was noted in his lower extremities. Upon examination of the lumbar spine the injured worker had 45 degrees of forward flexion of the torso, 15 degrees of extension of the torso, 20 degrees of lateral flexion, and 20 degrees of lateral rotation. The injured worker had improvements with physical therapy to the thoracic spine. The treatment plan included recommendations for massage treatments due to anxiety and stress and chiropractic treatment. The rationale for the request was to reduce anxiety, stress and pain lower back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**massage Treatments #6:** Upheld

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

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

**Decision rationale:** The injured worker stated that he had chronic anxiety and chronic low back pain. The California MTUS Guidelines recommend "massage therapy as an option. This treatment should be used as an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Massage is a passive intervention and treatment dependence should be avoided." Per the provided documentation the injured worker has completed at least 3 sessions of massage therapy previously; however, there is a lack of documentation indicating the injured worker had significant objective functional improvement with the prior massage therapy. The request for 6 additional treatments would exceed the guideline recommendations. There are no exceptional factors within the submitted documentation which demonstrate the injured worker's need to continue treatment outside of the guideline recommendations. As such, the request for massage treatments #6 session is not medical necessary.