

<b>Case Number:</b>	CM14-0120688		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/11/2010
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 Occupational Medicine 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 represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of March 11, 2010. Thus far, the injured worker has been treated with the following: Analgesic medications; attorney representation; dietary supplements; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated July 9, 2014, the claims administrator denied a request for 12 sessions of massage therapy. The claims administrator contended that the injured worker had completed six recent sessions of physical therapy and acupuncture. The injured worker's attorney subsequently appealed. In an appeal letter dated July 17, 2014, the attending provider stated that the injured worker had originally alleged multifocal low back, neck, elbow, wrist, and knee pain secondary to cumulative trauma at work. The attending provider acknowledged that the injured worker had completed six sessions of acupuncture and six sessions of massage therapy. Additionally, the provider was intent on pursuing further acupuncture and massage therapy, at this point. The injured worker's work status was not furnished. In a progress note dated June 24, 2014, the attending provider again acknowledged that the injured worker had completed six weeks in sessions of deep tissue massage and acupuncture. It was noted which the injured worker contended had been able to loosen up her neck to some extent. She was described as using Sentra, Glucosamine, Aspirin, Esterase, and Synthroid. Twelve sessions of physical therapy and 12 sessions of massage therapy were sought. The injured worker was already permanent and stationary with permanent work restrictions. It did not appear that the injured worker was working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 massage therapy sessions:** 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 Massage Therapy topic. Physical Medicine topic Page(s): 60, pages 98-99,.

**Decision rationale:** As noted on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines, massage therapy is considered an adjunct to otherwise recommended treatment, such as exercise, and should be limited to four to six treatments in most cases. In this case, the injured worker has already had six recent sessions of massage therapy in 2014, the attending provider has posited, in addition to unspecified amounts of acupuncture over the course of the claim. The MTUS Chronic Pain Medical Treatment Guidelines, active therapy, active modalities, and self-directed home physical medicine are recommended during the chronic pain phase of a claim as opposed to continuous reliance and continued dependence on passive modalities, such as massage. In this case, the attending provider has not proffered any compelling injured worker-specific rationale or medical evidence which would offset the unfavorable MTUS positions on the same. Therefore, the request is not medically necessary.