

<b>Case Number:</b>	CM14-0124606		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	07/13/2011
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 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 patient is a 36 year old female who sustained an industrial injury on 7/13/2011. She was the restrained passenger in van that was rear-ended, resulting in a motor vehicle accident (whiplash injury). The upper back, bilateral shoulder and neck (soft tissue) are the accepted areas of injury. According to the documentation provided in the medical records, her past medical treatment has included rest, DME (durable medical equipment): neck roll, medications, physical therapy, massages, chiropractic and acupuncture, as well as instructed HEP (home exercise program) and self-massage. A prior Utilization review peer review completed on 7/22/2014 provided the recommendation to modify the request for massage therapy to neck and back x 12 sessions, to allow 8 sessions. Cervical MRI 5/21/2014: At C4-5 and C5-6, small 1-2 mm disc osteophyte complexes, congenital narrowing of the spinal canal on developmental basis, central canal remains patent, no core impingement, and the neural foramina are patent. The patient recently presented for follow-up evaluation on 7/11/2014, regarding complaint of chronic neck and back pain. She continues to report neck pain that radiates to the right upper trapezius muscle and left sided mid back periscapular pain and persistent low back pain. Gabapentin has been helpful to all better sleep. An ergonomic evaluation has not been performed. Pain is 0-1/10 when not working, and 6/10 with working. Examination reveals tenderness of the right sided cervical paraspinal muscle with muscle tension extending into the right upper trapezius muscle, cervical ROM (range of motion) decreased by 20% with flexion, intact sensation, 5/5 motor strength, and negative Spurling's. Tenderness to palpation of the left sided parascapular region and lumbosacral junction, full lumbar ROM, intact sensation, 5/5 motor strength, negative clonus, and SLR (straight leg raise) is negative bilaterally. Recommendation is made for 12 sessions of PT for the neck and back with concurrent massage therapy for 12 sessions.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Massage Therapy for neck and back QTY 12.00:** Upheld

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

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

**Decision rationale:** According to CA MTUS guidelines, massage treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term followup. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. The medical records document the patient has received sessions of massage therapy in the past. The medical records do not establish clinically significant objective functional improvement with the rendered passive therapy. The medical necessity of the request for 12 sessions of massage therapy is not established.