

<b>Case Number:</b>	CM14-0166055		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	09/15/1997
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 Pain 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:

This is a patient who sustained a remote industrial injury on 09/15/1997. The mechanism of injury was not provided. Diagnosis cervicalgia. Prior treatment has included physical therapy, home exercise program, occipital nerve blocks, massage therapy, chiropractic treatment, trigger point injections, and medications. A request for 24 massage therapy sessions for the cervical spine (neck), 2 times per month for 12 months was non-certified at utilization review on 10/03/14. The reviewing physician noted that although massage has been shown to be beneficial, and it was unclear why the claimant is unable to do a home exercise program to maintain his range of motion in the neck. Additionally, his injury is in 1997 and massage is not likely to providing long-term change in this claimant's chronic condition. There is reference in the review to a 09/22/14 progress note (which was not provided for this review) which reportedly noted the patient to have implants of pain in the cervical, thoracic and shoulder regions rated at 7/10. It was referenced the patient has had 6 physical therapy sessions to the neck with improvement in range of motion and diminished headaches. It was reported an occipital nerve block provided 80% pain relief and massage provided 50% increased range of motion. It was also noted the patient received good benefit from chiropractic therapy. Additional occipital nerve blocks and trigger point injections were requested. There is also mention of proceeding with a cervical medial branch block. Most recent progress note provided for review is dated 10/03/14. There are no subjective complaints or objective findings. Patient was diagnosed with neck pain, headaches, thoracic pain, and bilateral shoulder pain. Authorization was requested for a repeat occipital nerve block and trigger point injections 2-3 over 2-3 months, cervical medial branch block at C2-C3, repeat cervical x-ray, and follow-up with M.D. Progress note dated 09/24/14 contains no subjective complaints her objective findings.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**24 Massage therapy sessions for the cervical spine (neck), 2 times a month for 12 months:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The CA MTUS guidelines state "Recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases... 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." Records indicate this patient has a chronic injury from 17 years ago. The patient has previously completed massage therapy without sustained benefit documented and no indication of functional benefit as a result. There was no mention of performance of an aggressive home exercise program that would allow for improved range of motion to the shoulder. Passive modalities such as massage therapy would be highly unlikely to result in any significant long-term objective improvement at this chronic stage of treatment. Additionally, as guidelines indicate massage therapy should be limited to 4-6 visits and most case, the current request for 24 sessions is excessive. Therefore, request for 24 massage therapy sessions for the cervical spine (neck), 2 times a month for 12 months is not medically necessary and is non-certified.