

<b>Case Number:</b>	CM14-0174510		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	03/19/2012
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 41 year old female with neck and right shoulder pain related to an industrial injury of 3/19/2012. She had a cervical spine MRI in 2012 but the results are not submitted. She had right shoulder surgery in January 2014 with no relief of pain per QME report of July 14, 2014. There was no change in her history or findings from 2013. There was deep tenderness in the shoulder laterally and anterolaterally. Exam of the cervical spine revealed right sided muscle spasm. There was no change in the range of motion from a prior exam of 4/18/2013. Neurological exam was normal and exam of the upper extremities was otherwise normal. The QME also documents excessive body weight of the injured worker and heavy breasts. The worker thought her breasts were causing the neck and shoulder pain. A reduction mammoplasty was discussed. The A shoulder MRI with contrast dated 5/22/2014 revealed mild to moderate rotator cuff tendinosis but no full thickness tear. Mild hypertrophic changes of the acromioclavicular joint were present. The disputed issues include requests for a repeat cervical MRI and massage therapy. The attending physician requested a repeat MRI of the cervical spine due to worsening of symptoms. The UR denied the MRI request because the QME did not identify any change in symptoms or findings since the previous MRI of 2012 and no neurologic deficit was documented. In particular, there were no red flags. Massage therapy request was also denied for lack of documentation of objective functional improvement from prior extensive physical therapy and massage therapy for chronic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical spine MRI without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** The California MTUS guidelines list the criteria for ordering imaging studies for the cervical spine. These include emergence of a red flag, physiologic evidence of neurologic dysfunction, or failure to progress in a strengthening program. The QME did not find any change from the prior examination of 2013. In particular no neurologic findings were documented. However, the attending physician thinks that there is evidence of radiculopathy. When neurologic findings are less clear the guidelines recommend EMG and nerve conduction studies to confirm the presence of radiculopathy before ordering an imaging study such as MRI. The documentation does not indicate if electrodiagnostic studies have been performed. Therefore the request for a repeat cervical MRI scan is not medically necessary per guidelines.

**Massage therapy x 12 sessions for the cervical spine and right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter

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

**Decision rationale:** California MTUS guidelines indicate use of massage therapy as an adjunct to other treatment such as exercise and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Massage is passive and dependence should be avoided. The documentation indicates extensive use of physical therapy and massage in the past without documentation of objective functional improvement. A home exercise program is therefore recommended. Based upon the guidelines, the request for massage therapy at this time is not medically necessary.