

<b>Case Number:</b>	CM14-0186783		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	08/25/2011
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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:

Injured worker is a male with date of injury 8/25/2011. Per primary treating physician's progress report dated 10/10/2014, the injured worker complains of pain in neck and low back, with good and bad days. He reports that steps and stairs are difficult. He frequently has headaches. He frequently has spasm in the mid and low back, and pain in left shoulder, left knee, and feet. He is trying to exercise to tolerance. He reports depression, anger, and irritability related to chronic pain. His feet have constant pain. On examination the injured worker has a slightly antalgic gait with a mildly stooped posture. Motor exam is normal for upper extremities. Sensation is dull to pinwheel at left thumb and index finger. Deep tendon reflex for bicep is decreased on the left compared to the right. Spurling's is positive on the left. There are spasm to the left trapezius, paracervicals and paralumbars. There is decreased range of motion of the lumbar and cervical spines. Left shoulder has tenderness at the acromioclavicular joint. Hawkins is positive and crossover is negative. Apprehension test is negative. Empty can test is positive.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage Therapy of the cervical and lumbar spine, 8 sessions (2x4): 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 MTUS Guidelines recommend the use of massage therapy as an adjunct to other recommended treatment such as exercise. 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. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. A very small pilot study showed that massage can be at least as effective as standard medical care in chronic pain syndromes. Relative changes are equal, but tend to last longer and to generalize more into psychologic domains. The strongest evidence for benefits of massage is for stress and anxiety reduction, although research for pain control and management of other symptoms, including pain, is promising. The requesting physician explains that massage therapy is requested to decrease spasm and improve mobility of the cervical spine and lumbar spine. The MTUS Guidelines do not support the use of massage to decrease spasm or improve mobility of the spine. The number of sessions requested are also in excess of the number recommended by the MTUS Guidelines. It is not reported if the injured worker is completing the home exercise program as prescribed. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Massage Therapy of the cervical and lumbar spine, 8 sessions (2x4) is not medically necessary.