

<b>Case Number:</b>	CM14-0033519		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	01/20/2009
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 Physician 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 51-year-old female who reported an injury on 01/20/2009. The mechanism of injury was noted to be a fall. The injured worker's prior treatments included physical therapy and medications. Her diagnoses were noted to be low back pain and cervical back pain with evidence of disc disease. The injured worker had a clinical evaluation on 03/05/2014. The injured worker complained of pain and discomfort in her neck with pain and weakness in her right upper extremity. The injured worker requested to be referred for more massage therapy, which she indicated was helpful. The injured worker had requested to have a consultation at [REDACTED] in [REDACTED], indicating that she had heard that it was an in and out surgery center with less recovery time; this would be better for the injured worker because she is a single mom and worried about recovery. Apparently, the injured worker spoke with a [REDACTED] office personnel and was told that she would be hospitalized for a few days, then no driving for 30 days and therapy for a while after that. The physical exam of the musculoskeletal system noted cervical spine tenderness at C5-7 and midline lumbosacral spine tenderness. Palpation/compression of SI joints was tender. Paraspinal muscle tenderness was noted, and the seated straight leg raise reproduced leg pain. The cervical spine range of motion was reduced and painful. The treatment plan included a discussion that the injured worker should contact [REDACTED] for a surgical consult due to her failure to receive pain relief with injections and due to continued pain and paresthesia. A referral was made for more visits of massage therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage therapy six visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Massage.

**Decision rationale:** The request for massage therapy 6 visits is not medically necessary. The California MTUS/American College of Occupational and Environmental Medicine indicate that there is no high-grade scientific evidence to support the effectiveness of passive physical modalities, such as massage. The guidelines add that emphasis should focus on functional restoration and the return of the injured worker to activities of normal daily living. The Official Disability Guidelines recommend massage as an option only as an adjunct to an exercise program although there is conflicting evidence of efficacy. The injured worker had a clinical evaluation on 03/05/2014. The injured worker indicated pain and discomfort in the neck area with pain and weakness in the right upper extremity. The injured worker noted that massage therapy seemed to help. However, the injured worker does not note a pain rating or any improvement before or after massage therapy. The guidelines do not provide high-grade scientific evidence to support the effectiveness or any effectiveness of passive physical modalities, such as massage. The clinical evaluation does not note any increase in functional restoration at this point because of massage. The injured worker's clinical evaluation does not indicate an exercise program to be used in adjunct with massage. The request for massage fails to indicate a location of the area of the body to be worked on. Therefore, the request for massage therapy for 6 visits is not medically necessary.

**Consultation at [REDACTED] in [REDACTED]:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

**Decision rationale:** The request for a consultation at [REDACTED] in [REDACTED] is not medically necessary. The California MTUS/American College of Occupational and Environmental Medicine indicate that referral for a surgical consultation would be indicated for injured workers who have persistent, severe and disabling shoulder or arm symptoms; activity limitation for more than 1 month or with extreme progression of symptoms; clear clinical imaging and electrophysiologic evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long-term; and unresolved radicular symptoms after receiving conservative treatment. The injured worker's clinical evaluation on 03/05/2014 does not meet the criteria for persistent, severe or disabling symptoms. There is no indication

that the progression of symptoms is extreme in nature. It is not documented that the injured worker has failed conservative treatment for the radicular symptoms. The request for a consultation at [REDACTED] in [REDACTED] is a vague request, failing to indicate a reason for the consultation supported by physical exam findings. As such, the request for a consultation at [REDACTED] in [REDACTED] is not medically necessary.