

<b>Case Number:</b>	CM14-0039760		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	10/26/2013
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Anesthesiology, has a subspecialty in 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:

The injured worker is a 64 year old female whose date of injury is 10/26/2013. Consultation dated 02/05/14 indicates that the injured worker developed low back pain and stiffness during her usual work activities. Treatment to date is noted to include physical therapy and medication management. Diagnoses are cervical and lumbar spondylosis, foraminal stenosis and myofascial pain; lumbar degenerative scoliosis; and right shoulder impingement syndrome. Progress note dated 03/04/14 indicates that the injured worker has not had any treatment for the shoulder. A request was made for massage therapy times twelve and was not medically recommended in the pre-authorization process.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage Therapy times twelve (12): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section Neck and Upper Back (Acute and Chronic) Official Disability Guidelines (ODG): Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section Low Back - Lumbar and Thoracic (Acute and Chronic).

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

**Decision rationale:** Based on the clinical information provided, the request for massage therapy times twelve is not recommended as medically necessary. There is no comprehensive assessment of treatment completed to date for the injured worker's response for review. There is no current detailed physical examination submitted and no specific, time-limited treatment goals are provided. The body parts to be treated are not documented. CA MTUS Guidelines note that massage therapy should be limited to four to six visits in most cases, therefore the current request is not medically recommended.