

<b>Case Number:</b>	CM14-0047167		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/12/2010
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 45-year-old female who reported an injury on 08/12/2009. The mechanism of injury is not noted. Her diagnosis was noted to be myalgia and myositis. She was noted to have had medication therapy. The subjective complaints on a treating physician's progress report dated 03/07/2014 are continued total body pain, chronic fatigue, problems sleeping, morning gel phenomenon from 30 to 60 minutes, and no new joint swelling. The injured worker complained of neck pain and jaw pain. She indicated her upper arms and shoulder created pain. She indicated low back discomfort and pain that radiated from the low back to both legs. She also indicated numbness and tingling at her hands and feet. The objective findings included no new joint swelling. A normal neurologic examination. No rheumatoid arthritis deformities. Trigger point tenderness at 12+. The treatment plan was to continue Voltaren, Prilosec, Bentyl, topical flurbiprofen, and add gabapentin. The provider's rationale was not noted within the treating physician's progress report. A Request for Authorization form was also not provided within this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage therapy 3x12 for myalgia and myositis . Units requested 32.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 298-300.

**Decision rationale:** The request for Massage therapy 3x12 for myalgia and myositis is not medically necessary. The California MTUS American College of Occupational and Environmental Medicine states physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical nerve stimulation units, percutaneous electrical nerve stimulation units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies, but they may have some value in the short term if used in conjunction with a program of functional restoration. Insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as inferential therapy. At home, local applications of heat or cold are as effective as those performed by therapists. According to the guidelines, massage therapy is not medically necessary. Therefore, the request for Massage therapy 3x12 for myalgia and myositis is not medically necessary.