

<b>Case Number:</b>	CM14-0056137		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	12/13/2010
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 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 41-year-old female who reported an injury on 02/07/2010 due to being kicked in the head by a patient. On 04/4/2014, the injured worker presented with less frequent headaches and with neck pain that is alleviated by massage therapy. Upon examination, the injured worker presented with migraines. Prior therapy included physical therapy, surgery and massage. The diagnoses for a cervical disc disease and vascular headaches secondary to cervical disc disease. The provider recommended 8 massage therapy visits for the cervical spine. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **8 Message Therapy visits for Cervical Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Message Therapy.

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

**Decision rationale:** The California MTUS Guideline recommends massage therapy as an option in adjunct to other recommended treatments such as exercise, and it should be limited to 4-6

visits in most cases. These studies lack long term followup. Massages are beneficial and attenuating diffuse musculoskeletal symptoms, but beneficial effects registered only during treatment. The providers request for 8 massage therapy visits exceeds the recommendation of the guideline. The amount of massage therapy visits of the injured worker has already completed, as well as the efficacy of the prior treatments was not provided. Additionally, the provider request did not indicate the frequency of the massage therapy visits in the request as submitted. As such, other request is not medically necessary.