

<b>Case Number:</b>	CM14-0070547		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	11/19/2008
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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. 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 38-year-old female who reported an injury on 11/19/2008 by cumulative trauma involving her neck. According to the documentation provided, she woke up with a charley horse pain in her neck and she was not able to move or breathe and she felt that her neck was stuck; however, she went to work and was sent home from work. The injured worker's treatment history included medications, surgery, MRI, X-rays, and postoperative physical therapy. It was noted on 01/21/2014 that the injured worker had undergone a range of motion inclinometry that revealed cervical range of motion was 10% impaired. The injured worker was evaluated on 01/28/2014 and it was documented that the injured worker had aching pain in her neck which was present most of the time. It was noted that increased pain in her neck with forward bending, pushing, pulling, lifting greater than 2 pounds, and repetitive movement. The physical examination of the cervical spine revealed tenderness with some spasms over the paracervical muscles bilaterally. There was a positive Adson's sign on the left. The documents submitted on 01/28/2014 indicated the injured worker had participated in postoperative physical therapy sessions a few months after surgery however, stopped going because she did not like it. It was also noted the injured worker was attending a private gym, which had no impact of her cervical spine pain. It was noted the provider could not obtain a radial pulse. The medications included ibuprofen 800 mg, Vicodin, and Valium 5 mg. The diagnoses included status post total disc replacement without an ASD and rule out thoracic outlet syndrome. The Request for Authorization or rationale was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage Therapy 2 x 6 to the Cervical Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines recommends massage therapy as an option. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. The documents submitted on 01/28/2014 indicated the injured worker had participated in postoperative physical therapy sessions a few months after surgery however, stopped going because she did not like it. It was also noted the injured worker was attending a private gym, which had no impact of her cervical spine pain. In addition, the request will exceed the recommended visits per the MTUS Chronic Pain Guidelines. The documents provided did not include a rationale on why the injured worker needs massage therapy. Therefore, the request is not medically necessary and appropriate.

**Cardio Barre Therapy 2 x 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise & Physical Medicine Page(s): 46, 99.

**Decision rationale:** The MTUS Chronic Pain Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. Exercise is recommended. The documents submitted indicate the injured worker had physical therapy, however, the injured worker stopped going because she did not like it. In addition, the documents indicated the injured worker is already attending a private gym. The request lacked frequency and what location of the body the injured worker needs cardio barre therapy. Therefore, the request is not medically necessary and appropriate.