

Case Number:	CM13-0024356		
Date Assigned:	11/20/2013	Date of Injury:	11/01/2011
Decision Date:	12/03/2015	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/16/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old male, who sustained an industrial-work injury on 11-1-11. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spondylosis and strain. Treatment to date has included pain medication Norco and Flexeril as needed for spasms, diagnostic x-rays of the cervical spine, and other modalities. The physician indicates that the x-rays of the cervical spine dated 2-28-12 show disc degeneration, and foraminal stenosis. Medical records dated 8-5-13 indicate that the injured worker complains of neck pain that radiates to the midback. The injured worker is requesting massage therapy to help the symptoms. The medical records also indicate that the activities of daily living (ADL) are stable. Per the treating physician report dated 8-5-13 work status is permanent and stationary. The physical exam dated 8-5-13 reveals no palpable spasms, no tenderness noted, the range of motion allows for flexion and extension of 30 degrees, and rotation of 45 degrees both sides. The physician indicates that the symptoms are stable. There is no previous therapy sessions noted. The request for authorization date was 8-8-13 and requested service included six massage therapy visits for the cervical spine. The original Utilization review dated 8-16-13 non-certified the request for six massage therapy visits for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six massage therapy visits for the cervical spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Low Back](https://www.acoempracguides.org/Low%20Back), Table 2, Summary of Recommendations, Low Back Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

Decision rationale: The patient presents with pain affecting the cervical spine. The current request is for Six massage therapy visits for the cervical spine. The requesting treating physician report dated 8/5/13 (12B) notes the request for massage therapy is for the patient's neck pain with radiation to the mid back. The MTUS guidelines page 60 supports massage therapy as an adjunct to other recommended treatment such as exercise and states that it should be limited to 4-6 visits in most cases. The medical reports provided, do not show that the patient has received prior massage therapy visits. In this case, the patient presents with pain affecting the cervical spine which has not improved with other conservative treatment and the current request of 6 sessions of massage therapy does not exceed the 4-6 session recommended by the MTUS guidelines. Furthermore, the treating physician is requesting massage therapy as an adjunct to medication and physical therapy. The current request satisfies the MTUS guidelines as outlined on page 60. The current request is medically necessary.