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| <b>Case Number:</b>   | CM14-0124379 |                              |            |
| <b>Date Assigned:</b> | 08/08/2014   | <b>Date of Injury:</b>       | 06/01/2011 |
| <b>Decision Date:</b> | 04/14/2015   | <b>UR Denial Date:</b>       | 07/28/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/06/2014 |

### 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. 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 (IW) is a 47 year old male who sustained an industrial injury on 06/01/2011. Currently, the injured worker complains of pain in the right upper extremity rated as 9/10 with radiation to the neck, right arm, right forearm and right hand. The injured worker was diagnosed as having post laminectomy syndrome of lumbar region, thoracic or lumbosacral neuritis or radiculitis not otherwise specified, chronic pain syndrome, depressive disorder, not elsewhere classified. Treatment to date has included 20 physical therapy visits and four acupuncture visits with no improvement of pain. The IW is currently using Menthoderm gel which is effective in controlling pain, and the worker is not taking oral pain medications. On examination of the cervical spine, there is tenderness noted on both sides of the paravertebral muscles and tenderness at the trapezius. Treatment plans include requesting 4 Sessions of Massage Therapy Cervical Spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage Therapy (4-sessions for the Cervical Spine): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back.

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

**Decision rationale:** Regarding the request for massage therapy, Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the 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. Within the documentation available for review, the patient has had extensive physical therapy, but there is no indication of improvement from the massage component of this treatment, nor is there indication of adherence to an independent home exercise program as recommended by the CA MTUS for use concurrent with massage therapy. In the absence of clarity regarding those issues, the currently requested massage therapy is not medically necessary.