

<b>Case Number:</b>	CM14-0188545		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	02/14/2003
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 patient is a 52-year-old female presenting with a work-related injury on the right in 2014. The patient was diagnosed with neck pain, lumbar sprain, sprain of unspecified site of the shoulder and upper arm, other unspecified disc disorder cervical region, degeneration of cervical intervertebral disc, unspecified site of sprain and strain, spondylosis and tenosynovitis unspecified, reflex sympathetic dystrophy unspecified, intervertebral disc disorder with myelopathy cervical region, post-surgical arthrodesis status, displacement of intervertebral disc site unspecified without myelopathy displacement of cervical intervertebral disc without myelopathy, and other unspecified disc disorder in an unspecified region. The patient's medications included Diazepam 5 mg one tablet every 4 to 6 hours as needed for spasms 34 Diana gel 0.1 mg percent, nature thyroid 48.75 mg, Oxycodone 5 mg tablet 1 to 2 every three hours as needed for pain, OxyContin 10 mg extended release 3 to 4 every six hours for pain, Premarin, Prometrium, and Xanax 0.25 mg one tablet 2 to 3 times a day, and Ambien 5 mg one tablet at bedtime. The patient is status post anterior cervical discectomy and interbody fusion patient five - C6 and prior agency - C7 on July 15, 2014. A claim was placed for 9 sessions of physical therapy for deep tissue massage of the neck, shoulders and upper back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) Sessions of physical therapy for deep tissue massage of the neck, shoulders and upper back:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

**Decision rationale:** I am reversing the prior UR decision. Eight (8) Sessions of physical therapy for deep tissue massage of the neck, shoulders and upper back is medically necessary. Page 99 of the CA MTUS states " physical therapy should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified (ICD-9 729.2) 8-10 visits over 4 weeks is recommended. The claimant had recent cervical spine fusion for cervical radiculitis. Per the CA MTUS 8-10 visits over 4 weeks would allow maximize benefit; therefore, the requested service is medically necessary.