

<b>Case Number:</b>	CM14-0197386		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	12/19/2011
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Occupational Medicine, and is licensed to practice in Montana. 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 law enforcement officer with a date of injury of 12/19/11. Her injuries are described as cumulative in nature related to work activities. Her chronic complaints have included neck pain with numbness and tingling in both upper extremities, low back pain radiating to the lower extremities and right knee pain associated with a physical therapy injury. Treatment has included physical therapy, chiropractic manipulation/adjustment, lumbar epidural steroid injection, massage therapy, ice, exercises, and medications including Motrin and Ambien. MRIs of the neck and low back have shown significant degenerative disc disease. Electrodiagnostic studies in June 2013 showed evidence for L5 radiculopathy and C6, C7 or C8 radiculopathy. She is status post L3 lumbar laminectomy and microdiscectomy in 2012. Diagnoses noted by the primary treating physician are cervicocranial syndrome, cervicobrachial syndrome, thoracic outlet syndrome and dorsal segmental dysfunction. She has been seen for an Agreed Medical Examination with a diagnosis of lumbar disc syndrome with L5 radiculopathy and a history of resolved right foot drop, status post lumbar laminectomy and microdiscectomy at L3, cervical pain with degenerative disc disease and upper extremity paresthesias, and right knee injury with MRI evidence for grade IV chondromalacia of the medial patellar facet. The primary treating physician has requested manual manipulation of the cervical/thoracic spine 1-2 times per month for 3 months and massage therapy 1-2 times per month for 3 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Manual manipulation of the cervical/thoracic spine 1-2x/month x 3 months: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Manual Therapy & Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chiropractic Guidelines, Regional Neck Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** The MTUS notes that manual therapy & manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. In this case the Agreed Medical Examiner has recommending no additional manual manipulation, stating that it might actually be harmful given the current anatomic defects. The request for manual manipulation of the cervical and thoracic spine 1-2 times per month for 3 months is not medically necessary.

**Massage of the cervical/thoracic spine 1-2/x month x 3 months:** Upheld

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

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

**Decision rationale:** The MTUS notes that massage therapy is recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. (Hasson, 2004) A very small pilot study showed that massage can be at least as effective as standard medical care in chronic pain syndromes. Relative changes are equal, but tend to last longer and to generalize more into psychological domains. (Walach 2003) The strongest evidence for benefits of massage is for stress and anxiety reduction, although research for pain control and management of other symptoms, including pain, is promising. The physician should feel comfortable discussing massage therapy with patients and be able to refer patients to a qualified massage therapist as appropriate. (Corbin 2005) Massage is an effective adjunct treatment to relieve acute postoperative pain in patients who had major surgery, according to the results of a randomized controlled trial recently published in the Archives of Surgery. (Mitchinson, 2007) In this case the Utilization Review did modify the request for massage therapy of the cervical and thoracic spine

1-2 times per month for 3 months, allowing 4 visits for temporary symptomatic relief. Additional massage treatments should be based on documentation of significant improvement over time, not beneficial effects registered only during treatment. The request for massage therapy of the cervical and thoracic spine 1-2 times per month for 3 months is not medically necessary.