

<b>Case Number:</b>	CM14-0061936		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	05/18/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency Medicine

### 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 42-year-old male, who sustained an industrial injury on 05/18/2012. Initial complaints reported included neck and mid thoracic pain from carrying a camera overhead with a back pain. The injured worker was diagnosed as having soft tissue deep muscular strain/sprain with stretched ligaments in the mid thoracic. Treatment to date has included conservative care and therapies (acupuncture, chiropractic manipulation & physical therapy), medications, and MRIs. At the time of the request for authorization, the injured worker complained of aching pain in the mid thoracic spine area with a severity rating of 5/10 at rest and 9/10 with activity. There was no improvement from previous therapies. Diagnoses included chronic strain/sprain of the mid thoracic spine. The treatment plan consisted of 8 session of outpatient massage therapy to the thoracic spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage Therapy (8-sessions, 2 times a week for 4 weeks the thoracic spine): Upheld**

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

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

**Decision rationale:** Guidelines support use of massage therapy in select clinical settings of chronic thoracic pain syndromes when used as an adjunct to a program of functional rehabilitation. However, this passive intervention lacks long-term benefits, thus this intervention is provided only in conjunction with an ongoing clinical program such as home exercise and is limited to 4-6 treatments. The records provided indicate that the patient failed chiropractic treatment and acupuncture treatment. There is no indication of an ongoing active therapy and the number of visits requested exceeds the number of visits recommended by the guidelines. Therefore, the request is not medically necessary and appropriate.