

<b>Case Number:</b>	CM15-0008520		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	02/07/2011
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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, Arizona  
 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 56-year-old male who reported an injury on 02/07/2011. The mechanism of injury was not stated. The current diagnosis is right C6 radiculopathy. The injured worker presented on 12/09/2014. The injured worker was 6 months status post keyhole foraminotomy. The injured worker reported paresthesia and pain in the C6 distribution. The injured worker was noted to be utilizing Gralise and Vicodin. Upon examination, there was restricted cervical mobility in lateral rotation, full motor strength, dexterity issues using the 2nd and 3rd digits, and paresthesia in the posterior cervical spine above the incision. Recommendations included authorization for 12 sessions of therapeutic massage. A Request for Authorization form was then submitted on 12/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage Therapy (cervical):** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend massage therapy as an option as indicated. This treatment should be an adjunct to other recommended treatment and should be limited to 4 to 6 visits in most cases. There was no documentation of the injured worker's active participation in rehabilitation. There was no specific quantity listed in the request. Therefore, the request is not medically appropriate at this time.