

<b>Case Number:</b>	CM15-0163167		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	09/14/2005
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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

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 42 year old female who sustained an industrial injury on September 14, 2005. The worker was employed as a clerk for a home supply retail store. The accident was described as while looking for a purchase order bent downwards she turned to her right foot and hit the top of her head on a steel crossbeam above. A primary treating office visit dated April 08, 2015 reported chief subjective complaint of neck and low back pain. She is reporting a flare up of neck and head pain since last visit. The headache is located at the back of her head and warps around to the front occurring nearly daily for a week and a half. She also states feeling hard masses at the side of her neck that she describes as bound up muscles that impeded her mobility. In addition, she has complaint of bilateral thumb pain for which she's consulted an orhtopod who recommended a brace to wear. The neck pain extends into the bilateral shoulders and down the left arm. There is also complaint of mid back pain, low back and radiation down bilateral lower extremities. Treatment modality attempted to date: physical therapy, chiropractic care, acupuncture, left shoulder surgery, spinal fusion, trigger point injections and pain medication. Current medication regimen consisted of: Naproxen, Codeine with Tylenol 30mg 300mg, and Cymbalta and LidoPro ointment. Medications from another provider are: Reglan, Zantac, Baclofen and atenolol. The following diagnoses were applied: cervical myofascial strain with trigger points left trapezius; thoracic myofascial strain; left medial epicondylitis; bilateral sacroilitis left side greater; lumbar myofascial strain; left ulnar neuropathy; occipital neuralgia; left infraspinatus tear, and left shoulder AC joint arthropathy. The plan of care involved: Naproxen, Codeine and Tylenol, LidoPro ointment, Duloxetine DR, deep tissue massage for cervical and lumbar spine myofascial strain; chiropractic care treating cervical and lumbar facet arthropathy; perform a urine drug screen and follow up in one month.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **4 deep tissue massage 1 time per week for 4 weeks for the cervical and lumbar spine:**

Overtured

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The patient presents on 04/08/15 with unrated neck and lower back pain. The patient's date of injury is 09/14/05. Patient is status post cervical fusion at C6 and C7 levels in March 2008 and status post unspecified left shoulder surgery on 05/30/14. The request is for 4 deep tissue massage 1 time per week for 4 weeks for the cervical and lumbar spine. The RFA is dated 04/08/15. Physical examination dated 04/08/15 reveals tenderness to palpation of the lumbar paraspinal muscles (with hypertonicity noted), bilateral SI joints, left medial elbow, left AC joint, bilateral trapezii with twitch response noted, left occipital ridge, and bilateral thoracic paraspinal muscles. The provider also note positive Faber's sign bilaterally, positive SI thigh thrust test bilaterally, with positive Tinel's sign noted in the left elbow. The patient is currently prescribed Naproxen, Tylenol 3, Cymbalta, Reglan, Zantac, Baclofen, and Atenolol. Patient is currently classified as permanent and stationary. MTUS Guidelines, Physical Medicine section, pages 98-99 states that 8-10 sessions of therapy are indicated for various myalgias or neuralgias. MTUS Guidelines, Massage therapy section, page 60 states: "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." In regard to 4 sessions of massage therapy, the request is appropriate. There is no evidence in the records provided that this patient has had any massage therapy directed at these complaints, and the last course of traditional physical therapy was in 2011. MTUS guidelines recommend conservative therapies such as massage therapy for complaints of this nature, limited to 4-6 treatments. Per progress note dated 04/08/15, this patient presents with a flare up of her cervical and lumbar spine pain, with evidence of hypertonicity and spasms in the lumbar and cervical spinal regions. She is currently advised to continue a home-exercise program, and is also being treated with NSAIDs. Given the lack of documented massage therapy to date, this patient's surgical history and presentation, the requested 4 sessions of massage therapy falls within guideline recommendations and could produce benefits. Therefore, the request is medically necessary.