

<b>Case Number:</b>	CM15-0165458		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	07/27/2014
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 47 year old female, who sustained an industrial injury on July 27, 2014. She was involved in a motor vehicle accident. She reportedly hit her head on the steering wheel and was pushed forward and backwards. The injured worker was currently diagnosed as having cervical sprain, lumbar radiculopathy and enthesopathy of hip. Treatment to date has included diagnostic studies, heating pad, neurological evaluation, acupuncture, physical therapy and medication. Physical therapy did not provide relief and was noted to make her symptoms worse. Her acupuncture treatment provided minimal pain relief. Epidural injections were recommended but declined by the injured worker. On July 21, 2015, the injured worker reported no significant improvement since a prior exam. She complained of low back pain, neck pain and headaches. She reported getting acupressure treatment on her own with some improvement. Physical examination of the lumbar and cervical spine revealed spasm and tenderness to palpation in the paraspinal muscles. Range of motion was noted to be restricted in both areas. The treatment plan included medication, a follow-up visit and massage therapy for myofascial neck and low back pain. A request was made for massage therapy three times four to the cervical and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage therapy 3 X 4 to cervical/lumbar: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Massage therapy.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, MRI cervical spine is not medically necessary. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness with no neurologic findings do not need imaging. Patients who do not fall into this category should have a three view cervical radiographic series followed by a computer tomography (CT). The indications for imaging are enumerated in the Official Disability Guidelines. Indications include, but are not limited to, chronic neck pain (after three months conservative treatment), radiographs normal neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit; etc. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The criteria for ordering an MRI of the cervical spine include the emergence of a red flag, physiologic evidence of tissue insult when nerve impairment, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to surgery. In this case, the injured worker's relevant working diagnoses as they apply to the issue are cervical strain with left sided radiculitis and radiculopathy: bilateral shoulder impingement and strain, left greater than right. The date of injury is March 6, 2013. Request for authorization is July 16, 2015. According to a July 2, 2015 progress note, the injured worker has multiple complaints including neck pain and back pain, left knee pain, bilateral hip, shoulder, wrist, elbow and forearm pain. Objectively, there is no cervical or upper extremity neurologic evaluation. There are no unequivocal objective findings that identify specific nerve compromise. Additionally, the discussion section references a prior cervical magnetic resonance imaging scan. The results of that scan are not documented in the medical record. There was no hard copy of the cervical MRI scan done previously. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). There is no documentation of a significant change in clinical symptoms and/or objective findings suggestive of significant pathology. Based on the clinical information the medical record, peer-reviewed evidence-based guidelines, no documentation of the prior magnetic resonance imaging cervical spine, no documentation of a significant change in symptoms and/or objective findings suggestive of significant pathology and no neurologic evaluation of the cervical spine and upper extremities, MRI cervical spine is not medically necessary.