

<b>Case Number:</b>	CM15-0167677		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	09/21/2013
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: Chiropractic

### 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 40-year-old male, who sustained an industrial injury on September 21, 2013. The injury was sustained from an automobile accident. The vehicle rolled over and fell 30 feet suffering a concussion without loss on consciousness. The injured current complaint was headache pain and pain in the neck radiating into the bilateral trapezius between the shoulder blades. The injured worker also reported pain in the lumbar area and in the left knee. The injured worker described the pain as chronic headache, constant, sharp and dull pain in the right frontal area with limited movement. The injured worker rated the pain 2 out of 10 with medications and 5 out of 10 without medications and sometimes 9 out of 10. The majority of the pain was over the left trapezius radiating to the neck and lower occipital region. The injured worker continued to work full time. The injured worker received moderate relief form medication, massage therapy, ice therapy and TENS unit (transcutaneous electrical nerve stimulation unit). The physical exam noted the neck with full range of motion and beyond. There was mild tenderness at the trapezius muscles, cervical paraspinals and occipital muscles. There was normal strength in all the extremities. There was diminished sensation to light touch and pin prick over the left hand. There was diffuse tenderness over the lumbar paraspinal muscles in the upper region, mid and upper thoracic rhomboid region between the shoulder blades, cervical, thoracic and occipital regions. The injured worker was diagnosed with post-concussion syndrome, chronic daily headache, cervical; degenerative dis disease with broad based disc bulge at C6-C7 and facet hypertrophy noted at C4-C5 and C5-C6, cervicgia with muscle strain, lumbar strain and or sprain, left knee pain ACL strain, effusion and degenerative joint disease, possible cervical

radiculitis to the left upper extremity and thoracic sprain and or strain of the muscles. The injured worker's treatment plan consisted of trigger point injections, which help temporarily, relieved the pain by 30-50% for only 2 days; physical therapy was torture and worsened the pain, Tramadol and Norco were discontinued Celebrex, Ultram, Excedrin Migraine, left knee surgery, acupuncture, left knee MRI, cervical spine MRI, massage therapy, ice therapy, trigger point injections, CT scan of the head, head MRI and TENS unit (transcutaneous electrical nerve stimulation unit). The treatment plan included a trial of six sessions of massage therapy to the cervical and thoracic spine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Massage therapy 6 visits:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

**Decision rationale:** The patient has not received massage therapy for his industrial injury in the past. The MTUS Chronic Pain Medical Treatment Guidelines recommends massage therapy and states: "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 this case, the PTP has requested 6 sessions. This falls within the MTUS recommended number of sessions. The patient is also in the midst of acupuncture treatment and has completed physical therapy in the past. I find that the 6 initial massage therapy sessions requested to the cervical and thoracic spine to be medically necessary and appropriate.