

<b>Case Number:</b>	CM15-0185820		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	05/13/2013
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Pennsylvania, Ohio, 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 61-year-old female who sustained an industrial injury on May 13, 2013. Diagnoses have included disc protrusion of the cervical spine and lumbar spine and left-sided radiculopathy. Documented treatment includes an unspecified number of acupuncture visits stated to have provided significant improvement allowing her to take less medication and helping with sleep. Additionally, there is noted home exercise, and medications Motrin and Prilosec. On 8-26-2015 the injured worker continues to report ongoing pain and muscle spasms to the neck and low back which is worse with standing and walking, and interferes with sleep. She also reports radiating numbness down her left thigh and leg. Objective examination reports muscle spasm in the bilateral trapezial area, pain with motion, tenderness upon palpation, and range of motion decreased from stated "normal" with flexion, extension, lateral bend to the right and left in the neck and lower back area; and, right and left rotation of the neck. The treating physician's plan of care includes 8 sessions of massage therapy for the cervical and lumbar spine which was denied on 9-21-2015. She has been provided work restrictions, but current work status is not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage therapy C spine/L spine (sessions) Qty: 8: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** MTUS recommends massage for limited indications up to 6 visits in the acute phase of an injury. This treatment is intended as an adjunct to active treatment and to facilitate early functional restoration. Massage is a passive treatment which is not recommended for ongoing or chronic use. The request in this case is not consistent with these guidelines; the request is not medically necessary.