

<b>Case Number:</b>	CM15-0191419		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	02/16/2011
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 45-year-old female who sustained an industrial injury on 2-16-2011. Diagnoses have included cervical radiculopathy, cervical disc degeneration, cervical spondylosis, myofascial pain syndrome, and chronic neck pain. Two MRI's are noted in the provided records dated 4-26-2012, and 7-1-2015 with an impression of cervical spondylosis, straightening of cervical lordotic curvature, multilevel degenerative discs, arthritic facet changes, and mild stenosis. Documented treatment includes cervical epidural steroid injections in 2012, trigger point injections to the neck and upper back, oral and topical pain medication, aquatic exercises, and 6 recent sessions of massage therapy stated to have "really helped manage the pain." The injured worker continues to complain of increased pain rated as 7 out of 10 and worse at night, and this radiates into both shoulders with some tingling noted. The pain is described as sharp, pinching and grinding when turning her head left or right. The treating physician's plan of care includes 6 additional massage therapy sessions which were denied on 9-21-2015. The injured worker works with permanent restrictions. A flare up is noted on 7-1-2015 which caused her to be temporarily off work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 massage therapy sessions: Upheld**

**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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Massage Therapy, Manual Therapy.

**Decision rationale:** MTUS states regarding massage therapy, "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." ODG offers additional frequency and timeline for massage therapy by recommending: a. Time to produce effect: 4 to 6 treatments. b. Frequency: 1 to 2 times per week for the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. c. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. The medical documentation provided indicate this patient has recently attended 6 sessions of massage therapy, the request is in excess of the guidelines recommendation of 4-6 visits over no more than 8 weeks. Medical documents do not indicate reasons for treatment in excess of the 8-week maximum without. As such, the request for 6 massage therapy sessions is not medically necessary at this time.