

<b>Case Number:</b>	CM15-0201834		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	01/20/1998
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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 62 year old female, who sustained an industrial injury on 1-20-98. The injured worker was diagnosed as having lumbar sprain-strain; cervical sprain strain. Treatment to date has included chiropractic therapy; medications. Currently, the PR-2 notes dated 8-28-15 indicated the injured worker presents to this office for treatment. The provider documents "current signs and symptoms were assessed today. Her low back pain was 6 on the 1 to 10 pain scale. Low back feels same as it did on last visit. Adjustments always help her get through. Doing too much causes pain to increase." The provider notes his plan is to increase mechanical receptor activation, increase post-synaptic pool neurons, pulsatile 30c dose. He completes a physical examination and indicates her range of motion is approximately 50% of the normal. He documents. Since her last visit, she has experienced some improvement. The prognosis is good at this time. Hers is somewhat complicated case and despite the possibility of permanent residuals, continued improvement is expected. Today's modalities and procedures were: chiropractic manipulative treatment, and myofascial release for the purpose of decreasing pain, increasing range of motion, increasing the ability to perform normal activities of daily living and increasing function. He notes future treatment plan is for the patient to call to increase mechanical receptor activation, to increase post-synaptic pool neurons. The PR-2 notes dated 8-19-15 indicated the low back pain was 6 on the 1 to 10 pain scale. Pain is always there and hasn't changed very much since her last visit. Massage and adjustments help with the pain. No change in plan and treatment. The notes indicate the injured worker has completed at least 16 chiropractic and massage treatments in 2015 for chronic like conditions. A Request for

Authorization is dated 9-30-15. A Utilization Review letter is dated 9-3-15 and non-certification for Massage therapy to the lumbar and cervical, four visits. A request for authorization has been received for additional massage therapy to the lumbar and cervical, four visits.

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

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

**Massage therapy to the lumbar and cervical, four visits: 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) Neck & Upper Back/Massage.

**Decision rationale:** The patient has received chiropractic care and massage therapy for her cervical spine injury in the past. The total number of chiropractic and massage sessions is unknown and not specified in the records provided for review since 1998. However, the records do show that the patient has received 6 recent sessions of massage therapy. The treatment records in the materials submitted for review do not show objective functional improvement with past massage care rendered, per MTUS definitions. The MTUS and ODG recommend a limited number of massage therapy sessions 4-6 sessions and should be provided "as an adjunct to other recommended treatment (e.g. exercise)". The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." There have been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. The patient has completed the 6 sessions recommended by The MTUS. I find that the 4 additional massage sessions requested to the cervical spine not medically necessary and appropriate.