

<b>Case Number:</b>	CM15-0221611		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	10/10/2011
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2015

### 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:

This is a 50 year old female with a date of injury on 10-10-2011. A review of the medical records indicates that the injured worker is undergoing treatment for cervical-lumbar herniated nucleus pulposus (HNP) and bilateral carpal tunnel syndrome. According to the progress report dated 10-7-2015, the injured worker complained of having cervical and lumbar spasms and continued wrist weakness. The progress report was hand written and difficult to decipher. The physical exam (10-7-2015) revealed positive Spurling on the left. Treatment has included physical therapy and epidural steroid injection. The treatment plan (10-7-2015) included chiro-massage (spasm lumbar spine, cervical spine). The original Utilization Review (UR) (10-26-2015) denied a request for 12 massage therapy visits for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Massage Therapy Visits for The Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**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 section, Massage therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 massage therapy visits to the cervical spine is not medically necessary. Massage is a passive intervention and considered an adjunct to other recommended treatment, especially active interventions (e.g. exercise). Massage therapy should be limited to 4-6 visits in most cases. See the guidelines for details. Massage therapy is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. In this case, the injured worker's working diagnoses are cervical/lumbar HNP; status post right RCR; and bilateral CTS. Date of injury is October 10, 2011. Request for authorization is October 21, 2015. According to an October 7, 2015 largely illegible handwritten progress note, subjective complaints include cervical and lumbar spasm. ADL's are decreased with wrist weakness. Objectively, cervical spine has a positive Spurling's with decreased range of motion and spasm at the trapezius. There was lumbar spine spasm and decreased range of motion. The treatment plan includes a request for chiropractic/massage therapy, physical therapy and occupational therapy. The physical therapy progress note session #13 dated September 14, 2013 to the cervical and lumbar spine indicates moderate progress. Additional treatments are epidural steroid injections and chiropractic treatment. According to the utilization review, it is unclear whether the injured worker received prior massage therapy. Massage therapy should be limited to 4-6 visits in most cases. The treating provider is requesting 12 massage therapy visits. There are no compelling clinical facts indicating 12 massage therapy visits are clinically indicated. Based on the clinical information in the medical record, peer-reviewed evidence based guidelines and guideline recommendations limiting massage therapy to 4-6 visits (treating provider requested 12), 12 massage therapy visits to the cervical spine is not medically necessary.