

<b>Case Number:</b>	CM15-0222728		
<b>Date Assigned:</b>	11/18/2015	<b>Date of Injury:</b>	08/07/1995
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 60-year-old male with an industrial injury date of 08-09-1995 - 08-11-2010. Medical record review indicates he is being treated for cervical discopathy-radiculitis, carpal tunnel-double crush syndrome, left shoulder impingement and lumbar discopathy. Subjective complaints (09-17-2015) included constant pain in the low back aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing and walking multiple blocks. The pain is characterized as sharp and radiates into the lower extremities. "The patient's pain is worsening" and was rated as 8 out of 10. Other complaints included neck pain rated as 7 out of 10, pain in left shoulder rated as 6 out of 10 and pain in bilateral wrists rated as 6 out of 10. Work status is documented as follows: "The patient will be given a note for 09-15-2015 - 09-20-2015 for recent flare-up of his symptomatology. He can then return to work full duty." Current treatment included an injection of Toradol and B 12 at the 09-17-2015 office visit. In the 10-26-2015 note from physical therapy provider, the provider noted: "At this time the patient has not attended therapy in the past year." Physical examination (09-17-2015) noted paravertebral tenderness with spasm of the cervical spine. Axial loading compression test and Spurling's maneuver was positive. Range of motion was limited with pain. There was tingling and numbness into the anterolateral shoulder and arm, lateral forearm and hand, greatest over the thumb and in the middle finger. Lumbar spine exam noted palpable paravertebral muscle tenderness with spasm. Seated nerve root test is positive. Standing flexion and extension was guarded and restricted. There was tingling and numbness in the anterolateral leg and foot, anterior knee, medial leg and foot and lateral thigh. On 10-27-2015, the request for 8 physical therapy sessions to cervical and lumbar spine with massage was modified to 6 physical therapy sessions to cervical and lumbar spine with massage by utilization review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy with massage for the cervical and lumbar spine, 8 sessions:** Upheld

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

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

**Decision rationale:** Physical therapy with massage for the cervical and lumbar spine, 8 sessions is not medically necessary per the MTUS Guidelines. The MTUS state that massage treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. The MTUS recommends up to 10 physical medicine visits for this patient's condition and a transition to an independent home exercise program. The documentation is not clear how much prior therapy this patient has had for the cervical and lumbar spines and why he is not independent in a home exercise program. Without clarification of this information and the fact that massage is recommended to be limited to 4-6 visits, the entire request for physical therapy with massage is not medically necessary.