

<b>Case Number:</b>	CM15-0044912		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	01/06/1995
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 71-year-old [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of January 6, 1995. In a Utilization Review Report dated February 27, 2015, the claims administrator partially approved a request for 12 sessions of massage therapy as four sessions of the same. The claims administrator noted that the applicant had a history of earlier cervical spine surgery. A February 20, 2015 RFA form and an associated February 19, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In a November 21, 2014 progress note, the applicant reported ongoing complaints of neck pain, status post earlier failed cervical spine surgery. Topical compounded medications, including Terocin were endorsed. In an RFA form of February 20, 2015, 12 sessions of massage therapy were endorsed. In associated progress note dated February 19, 2015, the applicant reported ongoing complaints of neck pain radiating into the upper extremities. The applicant was given a prescription for Neurontin, it was further noted. The applicant was already at maximum medical improvement (MMI), it was acknowledged. It did not appear that the applicant was working status post earlier cervical spine surgery, although this was not explicitly stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage Therapy for the Neck quantity 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy; Physical Medicine Page(s): 60.

**Decision rationale:** No, the request for 12 sessions of massage therapy was not medically necessary, medically appropriate, or indicated here. The 12-session course of massage therapy proposed represents treatment in excess of the four- to six-visit limit for massage therapy suggested on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that passive modalities such as massage be employed "sparingly" during the chronic pain phase of the claim. The request, thus, as written, is at odds with both pages 60 and 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.