

<b>Case Number:</b>	CM15-0046764		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	03/03/1997
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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: California

Certification(s)/Specialty: Chiropractor

### 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 67 year old female, who sustained an industrial injury on 03/03/1997. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having internal disc disruption, protrusion, and stenosis with radiculopathy at lumbar five to sacral one; spondylolisthesis with instability at lumbar five to sacral one; status post left knee arthroscopy; right shoulder internal derangement; cervical three to cervical seven intervertebral disc desiccation; Grade I anterolisthesis at cervical seven to thoracic one; herniated nucleus pulposus at cervical four through thoracic one; central stenosis at cervical four to cervical six; left upper extremity radiculitis; gastroesophageal reflux disease secondary to medication regimen; hypertension; and right knee musculoligamentous sprain/strain. Treatment to date has included Synvisc injection, medication regimen, magnetic resonance imaging of the cervical spine, magnetic resonance imaging of the lumbar spine, and chiropractic therapy with deep tissue massage. In a progress note dated 01/26/2015 the treating provider reports complaints of intermittent headaches, neck pain that is rated a seven out of ten with radiation to the bilateral shoulder to the upper extremities, occasional numbness and tingling to the right hand, complaints of low back pain that is rated a seven to eight out of ten with radiation from the left lower extremity to the left foot and associated numbness and tingling, intermittent left shoulder pain that is rated a five to six out of ten with associated symptoms of stiffness, and intermittent right knee pain that is rated a five to six out of ten with occasional buckling, weakness, and episodes of giving out. The treating physician requested deep tissue massage with a chiropractor for twice a week for four weeks

noting the Medical Treatment Utilization Schedule Guidelines, but did not document the specific reason for this requested treatment.

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

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

**Deep Tissue massage with a chiropractor, twice a week for four weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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 Page(s): 60.

**Decision rationale:** According to the progress report dated 01/26/2015 by the treating doctor, the claimant presented with headaches, neck pain with radiation to the bilateral shoulders down to the upper extremities, low back pain with radiation to the left lower extremity down to the left foot, and right knee pain. Her pain was primarily aggravated with daily physical activities. Current treatment plan include weight loss management and deep tissue massage, there is neither medications or other treatments recommended. The request for 8 sessions also exceeded the guidelines recommendation. Therefore, it is not medically necessary and appropriate.