

<b>Case Number:</b>	CM15-0059167		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	03/07/2000
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2015

### 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:

The injured worker is a(n) 72 year old female, who sustained an industrial injury on 3/7/00. She reported pain in her shoulder, arm, head, back and neck due to a slip and fall accident. The injured worker was diagnosed as having cervical degenerative disc disease, lumbar degenerative disc disease, cervical radiculopathy and lumbar sprain. Treatment to date has included lumbar MRI, massage therapy, physical therapy and pain medications. As of the PR2 dated 2/23/15, the injured worker reports 8/10 pain in her neck, left shoulder and lower back without medications and 2-3/10 with medications. She has had massage therapy in the past and noticed improvement to her muscle pain and range of motion in the neck and lower back. The treating physician noted decreased range of motion in the cervical spine due to pain and tenderness to palpation in the sacroiliac joints. The treating physician requested massage therapy 1x weekly for 6 weeks for the neck and low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage therapy 1xwk x 6wks Neck/Low back:** 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 Therapy Page(s): 60. 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, massage therapy one time per week times six weeks for the neck and low back 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. 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. See the guidelines for details. In this case, the injured worker's working diagnoses are chronic pain syndrome, neck pain, cervical strain, cervical degenerative disc disease, cervical disc pain, cervical radiculopathy, bilateral shoulder pain, low back pain, lumbar strain, lumbar degenerative disc disease, myalgia, numbness, depression and anxiety. The documentation indicates the injured worker had prior massage therapy. The total number of massage therapy visits is not documented in the medical record. The massage therapy progress notes, however, range from January 2, 2015 through February 23, 2015. On a progress note dated February 23, 2015, the treating provider indicates the worker "finished therapy". The injured worker improved with increased range of motion and would like to continue massage therapy. Massage therapy should be limited to 4-6 visits in most cases. There is no documentation with objective functional improvement related to massage therapy. There were no active modalities provided to the injured worker in conjunction with massage therapy (passive modality). Additionally, massage therapy is a passive intervention and treatment dependence should be avoided. Consequently, absent compelling clinical documentation with objective functional improvement with compelling clinical facts to support additional massage therapy in excess of the recommended guidelines (4-6 visits) in most cases, massage therapy one time per week times six weeks for the neck and low back is not medically necessary.