

<b>Case Number:</b>	CM15-0060844		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	12/08/2008
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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 72 year old male who sustained an industrial injury on 12/8/2008. His diagnoses, and/or impressions, include: multi-level cervical disc herniation; right cervical-6 compression; right shoulder rotator cuff syndrome, rule-out tear; right mid carpal tunnel syndrome; and left carpal tunnel syndrome - clinical diagnosis. No current magnetic resonance imaging studies are noted. His treatments have included rest; not working; and oral and topical analgesic medication management. The progress notes of 3/10/2015, shows complaints of persistent pain in the neck, back and bilateral wrists and hands made better with rest and analgesic gel, and his expressed wishes not to take anymore oral pain medication. The physician's requests for treatments included massage therapy for the cervical and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage therapy to the cervical spine and lumbar spine; two times a week for six weeks (2x6): Upheld**

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

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

**Decision rationale:** Massage therapy to the cervical spine and lumbar spine; two times a week for six weeks (2 x 6) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends massage as an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow up. Massage 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. The documentation does not reveal extenuating factors, which would necessitate exceeding guideline recommendations for this request. The request for 12 sessions of massage therapy is not medically necessary.