

<b>Case Number:</b>	CM15-0083795		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	08/08/2006
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: Physical Medicine & Rehabilitation

### 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 female with an industrial injury dated 8/08/2006. The injured worker's diagnoses include significant disc collapse with bone spur formation and moderate to severe stenosis at C4-5, C5-6 and C6-7, severe disc desiccation and moderate to severe foraminal stenosis, L4-5, L5-S1, and moderate disc collapse and facet disease, T12-L1 and L1-2. Treatment consisted of Magnetic Resonance Imaging (MRI) of the lumbar spine and cervical spine, nerve conduction velocity (NCV) of the upper and lower extremities, prescribed medications, and periodic follow up visits. In a progress note dated 3/12/2015, the injured worker reported neck pain with spasms and low back pain. Objective findings revealed tenderness in the left and right pericervical with spasm. Lumbar spine exam revealed restricted painful range of motion with guarding, muscle spasms and positive straight leg raises. The treating physician reported that the injured worker had done well with chiropractic treatment and deep tissue massage in the past. The treating physician prescribed 12 massages deep tissue to the cervical and lumbar spine now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 massages deep tissue to the cervical and lumbar spine:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter, Myofascial Pain/therapies, page 772-773.

**Decision rationale:** Massage is recommended for time-limited use in subacute and chronic pain patients without underlying serious pathology and as an adjunct to a conditioning program that has both graded aerobic exercise and strengthening exercises; however, this is not the case for this chronic injury status post significant conservative physical therapy currently on an independent home exercise program without plan for formal physical therapy sessions. The patient has continued to treat for chronic symptoms. A short course may be appropriate during an acute flare-up, red-flag conditions, or progressive deterioration; however, this has not been demonstrated nor are there any documented clinical change or functional improvement from treatment rendered previously. Without any new onset or documented plan for a concurrent active exercise program, criteria for massage therapy have not been established per MTUS Chronic Pain Guidelines. The 12 massages deep tissue to the cervical and lumbar spine is not medically necessary and appropriate.