

<b>Case Number:</b>	CM14-0212412		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	04/01/1993
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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:

According to the available medical records, this is a 68 year old female with chronic pain in the neck, upper back, and bilateral upper extremities, date of injury is 04/01/1993. Previous treatments include medications, TENS unit, cervical epidural steroid injections, lidocaine infusions, acupuncture, nerve blocks, massage, trigger point injections, physical therapy, and home exercise program. Office visit note dated 11/04/2014 by the treating doctor revealed patient with increased spasms in the neck, upper back, and both upper extremities. Examination of the left upper extremity revealed some restriction to ROM of the left wrist with pain, TTP over the right acromion and limited ROM of right shoulder on flexion and abduction, myofascial spasms and guarding in bilateral paraspinous region and area of the bilateral trapezii and scapular borders. Diagnoses include cervicobrachial syndrome, neck pain, medial epicondylitis, myoclonus, and posttraumatic stress disorder. The patient is "Permanent and Stationary" with permanent work restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Myofascial massage therapy x 12 sessions for neck, upper back and bilateral upper extremities:** Upheld

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

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

**Decision rationale:** The claimant presented with ongoing pain in the neck, upper back, and bilateral upper extremities. Reviewed of the available medical records showed she has massage therapy previous with some palliative relieve of her symptoms. However, MTUS guidelines recommended 4-6 visits of massage therapy in adjunct to other therapy. The current request for 12 sessions of massage therapy exceeded the guidelines recommendation; therefore, it is not medically necessary.