

<b>Case Number:</b>	CM15-0114080		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	07/03/2003
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 66-year-old female, who sustained an industrial injury on 07/03/2003. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having displacement of the cervical disc, degeneration of the cervical disc, and cervical spondylosis without myelopathy, lumbago, pain to the thoracic spine, myalgia myositis, and cervicgia. Treatment and diagnostic studies to date have included medication regimen and chiropractic therapy. In a progress note dated 03/23/2015 the treating physician reports complaints of burning pain to the back and neck with a pain rating of 5 out of 10. Examination reveals decreased range of motion to the thoracolumbar spine, decreased range of motion to the cervical spine, tenderness to the paravertebral muscles of the cervical spine, tenderness at lumbar four through sacral one, tenderness at the center of the left sacroiliac joint, and tenderness at cervical three through five. The treating physician requested a purchase of kneading fingers (massager), but the documentation provided did not indicate the specific reason for the requested equipment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of kneading fingers (massager): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Manipulation, Chiropractic Guidelines, Kneading finders.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175, Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back / Massage p.1200.

**Decision rationale:** According to the CA MTUS indicates that massage is a passive intervention and treatment should be avoided. The ACOEM Guidelines Second Edition (2004) states there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities including massage units. The Official Disability Guidelines on the other hand does not recommend mechanical massage devices; In this case, the injured worker's provider indicated that the requested purchase of kneading fingers (massager) is for the neck spasms due to being not wanting to take Tizanidine. However, most recent objective findings on the cervical spine do not document any indications of muscle spasm. Hence, the use of the requested kneading fingers (massager) is not substantiated and is not medically necessary.