

<b>Case Number:</b>	CM15-0117348		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	04/22/2013
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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 53 year old female, who sustained an industrial injury on 4/22/2013. The medical records did not include the details regarding the initial injury. Diagnoses include cervical strain/sprain and disc protrusion at the C5-6 level. Treatments to date include physical therapy, chiropractic therapy, traction, acupuncture, and therapeutic injections. Currently, she complained of pain and muscle spasms in the neck. Norco had been discontinued and it was documented that there was 20-30% pain relief with Tylenol #3 which was better tolerated than the Norco. In addition, she complained of bilateral shoulder pain left greater than right. On 5/18/15, the physical examination documented that the left shoulder was tender with guarded range of motion. The Hawkins and cross over tests were noted as positive. The plan of care included massage therapy twice a week for four weeks to treat the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage Therapy for the cervical spine, twice a week for four weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 60 of 127.

**Decision rationale:** Regarding the request for massage therapy, Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review, it appears 8 massage therapy visits are being requested. Guidelines recommend 4-6 visits in most cases with additional visits being considered based upon documentation of objective functional improvement. Unfortunately, there is no provision to modify the current request. As such, the currently requested massage therapy is not medically necessary.