

<b>Case Number:</b>	CM15-0129978		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	08/20/1999
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: Massachusetts

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 54-year-old female who sustained an industrial injury on 8/20/99. Primary treating physician's progress report dated 5/28/15 reports increased complaints of neck pain and headaches. Diagnoses include cervical herniated nucleus pulposus and left thumb osteoarthritis. Plan of care includes request authorization for cervical collar, chiropractic treatment with modalities massage and exercise 2 times per week for 6 weeks. Work status: remain off work until next visit. Follow up in 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 massage therapy visits, 2 per week for 6 weeks for cervical spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation; Massage therapy; Opioids Page(s): 58-60, 75, 78.

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

**Decision rationale:** The claimant has a remote history of a work-related injury and continues to be treated for neck pain. Treatments have included physical therapy with soft tissue massage. When seen, there was decreased cervical spine range of motion with trapezius and rhomboid muscle spasms. There was positive Spurling's testing. There was upper extremity weakness. Massage therapy is recommended as an option. It should be an adjunct to other recommended treatments such as exercise. Guidelines recommend that it should be limited to 4-6 visits in most cases. In this case, the number of treatment sessions is in excess of guideline recommendations and not medically necessary.