

<b>Case Number:</b>	CM15-0167719		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	04/12/1999
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52 year old female patient who sustained an industrial injury on 4-12-1999. The diagnoses included cervical -scapular strain with intermittent to occasional symptoms; bilateral shoulder strain, stable, anxiety, depression. She sustained the injury due to involved in motor vehicle accident. Per the doctor's note dated 7-24-2015, the current medication regime mitigated the pain by 30% to 50%. She had complaints of right lower extremity pain rated 3 to 4 out of 10 and cervical and bilateral shoulder pain rated as 3 to 4 out of 10; difficulty sleeping, depression. The massage therapy had been complete and the patient requested further session and it had been helpful for pain management and increased motion and lessened the need for medication. The physical examination revealed cervical spasms, decreased sensation in the right lateral knee, tenderness of the right patellar region and slight swelling of the right ankle. The medications list includes Motrin, omeprazole, amlodipine/BENZ, synthroid, Norco and Cidaflex. Per the notes dated 5-15-2015, the provider reported the massage therapy had been beneficial thus far. The medical record did not indicate any other therapy that accompanied the massage therapy or objective evidence of pain relief or any functional improvement as a result of the requested treatment. Prior treatment included massage therapy 3-2015, medications and Thermacare patch. The Utilization Review on 8-14-2015 determined non-certification for 8 message therapy sessions for the neck 2 times a week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight message therapy sessions for the neck 2 times a week for 4 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

**Decision rationale:** Eight massage therapy sessions for the neck 2 times a week for 4 weeks. Per the CA MTUS guidelines, regarding massage therapy "This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Furthermore, many studies lack long-term follow up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided." Patient has had unspecified numbers of massage therapy for this injury. There is no evidence of significant ongoing progressive functional improvement from the previous massage therapy visits that is documented in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of eight massage therapy sessions for the neck 2 times a week for 4 weeks is not medically necessary for this patient.