

<b>Case Number:</b>	CM15-0176629		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 60-year-old male who sustained an industrial injury on May 29, 2012. Diagnoses have included cervical radiculitis-root compression, cervical spondylosis without myelopathy, cervical disc displacement-herniation, and degeneration of cervical intervertebral disc, cervical spine pain, myalgia and myositis, neck sprain, headache, lumbosacral spondylosis without myelopathy, lumbar disc displacement-herniation, degeneration of lumbar or lumbosacral intervertebral disc, and lumbago. Recent documented treatment includes cervical injection June 4, 2015 with 80 percent improvement noted, lumbar facet injection left L4, L5, S1 on July 16, 2015 with 100 percent improvement for three days, and medication which has been Norco stated to help pain to be "maintained at a tolerable level." The August 21, 2015 visit revealed cervical and bilateral upper trapezius and shoulder tenderness, with reduced cervical range of motion noted with extension, rotation, and flexion. There was also tenderness around L3-5, sacrum, and bilateral SI joints, gluteal muscles, hips and thighs. Range of motion was noted in the lumbar area to be "normal" but there was pain with each motion. The treating physician's plan of care includes 16 sessions of massage therapy for the cervical and lumbar areas which was denied August 25, 2015. Current work status was not provided in documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage therapy (cervical, lumbar) (2 times a week for 8 weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** MTUS Guidelines are very specific with the recommendation that massage therapy be limited to up to 6 sessions under most circumstances. If there was a significant functional benefit such as return to work additional massage may be reasonable on an exception basis, but at this point in time up to 6 sessions is Guideline supported and additional sessions are not. The request for 16 sessions of massage therapy: Massage therapy (cervical, lumbar) (2 times a week for 8 weeks) is not supported by Guidelines and is not medically necessary.