

Case Number:	CM15-0177317		
Date Assigned:	09/18/2015	Date of Injury:	12/13/2011
Decision Date:	11/12/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/09/2015

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: Arizona, 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:

The injured worker is a 58 year old female, who sustained an industrial-work injury on 12-13-11. A review of the medical records indicates that the injured worker is undergoing treatment for neck pain, post laminectomy syndrome cervical spine and bilateral upper extremity radiculitis. Treatment to date has included pain medication including Ambien, Flexeril and Naproxen, diagnostics, cervical fusion, pain management, rest and other modalities. The physician indicates that the Magnetic resonance imaging (MRI) of the cervical spine dated 8-24-12 reveals C4-5 anterolisthesis with disc bulge and osteophytosis, C5-6 retrolisthesis with mild central disc protrusion and osteophytic ridging creating a moderate central spinal canal stenosis with central cord effacement. Medical records dated (6-18-15 to 7-23-15) indicate that the injured worker complains of neck pain that has increased over the past several weeks. She reports that the muscles on the right side of the neck are tight and she had more difficulty turning her head to the right. She reports that there is radiation of the pain to the bilateral upper extremities with intermittent numbness and tingling that wakes her at night. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 7-23-15 the work status is permanent and stationary. The physical exam dated from (6-18-15 to 7-23-15) reveals that there is spasm and hypertonicity in the cervical paraspinus and upper trapezius musculature, right side greater than the left. The physician indicates that he feels that she should have a trial of massage therapy for the cervical spine due to spasm and hypertonicity on exam. There is no previous physical therapy sessions noted. The requested service included Massage therapy, 12 sessions for the cervical spine. The original Utilization review dated 8-21-15 non-

certified the request for Massage therapy 12 sessions for the cervical spine as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy, 12 sessions, cervical spine: 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: According to the guidelines, massage treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Although, it may be beneficial, the 12 session of massage requested exceeds the guidelines recommendations. The request is not medically necessary.