

<b>Case Number:</b>	CM15-0068228		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	01/02/2003
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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

### 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 female, who sustained an industrial injury on 1/2/2003. The mechanism of injury is not indicated. The injured worker was diagnosed as having cervical radiculopathy. Treatment to date has included medications, and a cervical pillow. The request is for therapeutic massage to the cervical spine, and a cervical pillow. On 3/11/2015, she was seen for right sided neck, bilateral lateral deltoid pain, and bilateral forearm pain. She rated her pain as 7/10. The record indicates she is unable to take anti-inflammatories due to her gastrointestinal system being sensitive after chemotherapy. The treatment plan included: cervical pillow, and therapeutic massage. She reported feeling as if her pain in the neck and right arm had worsened, and indicated she cannot lift her right arm without intense pain in the lateral deltoid. She indicated Terocin patches, and Flector patches have helped. She requested a cervical pillow replacement, and indicated she had been authorized one in the past, and it helped her neck to stay in line while she sleeps.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Therapeutic massage x4 to the cervical:** Upheld

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

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

**Decision rationale:** Massage is recommended for time-limited use in subacute and chronic pain patients without underlying serious pathology and as an adjunct to a conditioning program that has both graded aerobic exercise and strengthening exercises; however, this is not the case for this chronic injury status post significant conservative physical therapy currently on an independent home exercise program without plan for formal physical therapy sessions. The patient has remained functionally unchanged. A short course may be appropriate during an acute flare-up; however, this has not been demonstrated nor are there any documented clinical change or functional improvement from treatment rendered previously. Without any new onset or documented plan for a concurrent active exercise program, criteria for massage therapy have not been established per MTUS Chronic Pain Guidelines. The Therapeutic massage x4 to the cervical is not medically necessary and appropriate.