

<b>Case Number:</b>	CM15-0070278		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	01/01/2001
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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, 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 41 year old female, who sustained an industrial injury on 1/1/01. The injured worker has complaints of persistent neck pain and bilateral upper back pain in her upper trapezius muscles. The diagnoses have included repetitive trauma disorder, chronic upper extremity pain; wrists, elbows and shoulder; chronic left-sided neck pain and thoracic pain with radicular symptoms. Treatment to date has included magnetic resonance imaging (MRI) of the cervical spine; tramadol helps bring her pain from a 9/10 down to a 6/10; urine drug screens have been consistent in the past; motrin as needed for pain and chiropractic treatment with massage. The request was for 6 massage therapy visits for the neck, shoulders, and upper extremities, 2 visits per week for 3 weeks. Notes indicate that 18 massage therapy visits have been completed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 massage therapy visits for the neck, shoulders, and upper extremities, 2 visits per week for 3 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 60 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Massage Therapy.

**Decision rationale:** Regarding the request for massage therapy, Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review, it appears the patient has undergone at least 18 sessions of massage therapy previously, and there is no documentation of objective functional improvement from the therapy sessions already authorized. Additionally, there is no indication that the currently requested massage therapy will be used as an adjunct to other recommended treatment modalities. Finally, it is unclear exactly what objective treatment goals are hoping to be addressed with the currently requested massage therapy. In the absence of clarity regarding those issues, the currently requested massage therapy is not medically necessary.