

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: **12/18/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/30/2013
Date of Injury:	11/20/2009
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0010361

- 1) MAXIMUS Federal Services, Inc. has determined the request for **massage therapy two (2) times a week for six (6) weeks** is not medically necessary and appropriate.

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 7/30/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/20/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **massage therapy two (2) times a week for six (6) weeks** is not **medically necessary and appropriate**.

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in California. 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 treatments and/or services at issue.

### **Expert Reviewer Case Summary:**

The claimant is a 29-year-old female, who reported sustaining a work-related injury on November 20, 2009, from repetitive motion. The claimant was diagnosed with a neck sprain and strain, brachial neuritis, and cervicgia with degenerative cervical intervertebral disc disorder. The claimant is noted to have history of axial neck pain from repetitive stress injury. The claimant is status post C5-C6 artificial disc replacement, with ongoing cervical myofascial pain syndrome involving the trapezius and rhomboid muscles, with cervical degenerative disc disease, a winged scapula on the left and mild depression. The claimant has had increased pain over the past year, involving the neck and shoulders. The physical examination of August 21, 2012, documented tenderness of bilateral trapezius and rhomboid muscles as well as cervical spinous processes. There was also tenderness over the thoracic spinous processes and paraspinal muscles. The claimant is noted to have a history of scoliosis by x-ray. By 9/6/ 2013, the claimant was active in a yoga exercise class and using Motrin and was taking Cymbalta. The physical examination documented full range of motion of bilateral upper extremities with functional strength. She has some trapezius tenderness. She participates in Feldenkreis, walking, rock climbing as much as she can. The prior request for massage therapy was modified from 2 x week x 6 weeks (12 visits) to 6 visits. The current request is again whether massage therapy 2 x week x 6 weeks is medically necessary and appropriate.

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

#### **1) Regarding the request for massage therapy two (2) times a week for six (6) weeks:**

##### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Manual therapy and manipulation, which is part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Neck and Upper Back Complaints, Chapter 8, pg. 173, and the Chronic Pain Medical Treatment Guidelines, Massage therapy, pg. 60, which are part of the MTUS.

##### Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines indicate treatment is typically limited to 4-6 visits in most cases per guidelines and many studies lack long term follow up. Massage is considered a passive treatment and dependence should be avoided. Additionally, ACOEM guidelines state that massage is a passive modality that may be used as a trial basis and monitored closely. The ACOEM guidelines states that there is no high grade evidence to support the effectiveness or ineffectiveness of massage. **The request for massage therapy two (2) times a week for six (6) weeks is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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