

<b>Case Number:</b>	CM13-0015252		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/30/2008
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### 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. The expert reviewer is Board Certified in Internal Medicine and Pulmonary Diseases, 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 with an injury reported on January 30, 2008. The mechanism of injury was not provided within the clinical notes. The clinical note dated April 9, 2014, reported that the injured worker complained of low back pain. The physical examination findings reported pain to palpation over the C2-3, C3-4, and C5-6 facet capsules. The injured worker indicated that massage therapy improves her condition. The injured worker's diagnoses included cervical spin sprain; status-post interlaminar epidural steroid injection at C6-7 2009. The request for authorization was submitted on August 19, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MASSAGE THERAPY 18 SESSIONS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, MANAGEMENT OF CHRONIC MYOFASCICAL PAIN,

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

**Decision rationale:** The request for massage therapy eighteen sessions is non-certified. The injured worker complained of low back pain. It was reported the injured worker had pain to

palpation over the C2-3, C3-4, and C5-6 facet capsules. The injured worker indicated that massage therapy improves her condition. The Chronic Pain Medical Treatment Guidelines recommend massage therapy as an option that should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to four to six visits in most cases. It is unclear if the injured worker is currently performing an exercise or physical therapy program. It was noted that the injured worker has had previous sessions of massage therapy; however, the amount of previous massage therapy is unclear. Moreover, there is a lack of clinical information on the efficacy of the massage therapy on the injured worker's pain and functional status. Furthermore, the request for eighteen sessions of massage therapy exceeds the recommended guidelines four to six visits. The request for eighteen sessions of massage therapy is not medically necessary or appropriate.