MAXIMUS Federal Services

| Case Number: | CM13-0030648 | | |
|---|---|---|---|
| Date Assigned: | 11/27/2013 | Date of Injury: | 10/06/1994 |
| Decision Date: | 02/11/2014 | UR Denial Date: | 09/04/2013 |
| Priority: | Standard | Application Received: | 09/30/2013 |

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation 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 physician 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 patient is a 66-year-old female who sustained an injury on 10/06/1994 while working at [redacted]. She was pushing a desk with the assistance of a co-worker. The co-worker suddenly quit pushing and the patient was pushing and twisting the desk alone. She had a sharp pain in her lower back. She had ongoing problems in her lower back. The patient saw the health nurse the following day. She was off work for two to three days. She continued to work with lower back pain. She continued doing the surgery scheduling. The patient did not improve with the ongoing treatment. She was seen by an orthopedist [redacted] in [redacted] in late 1994 and early 1995. She was treated with anti-inflammatory medications and modified work with no lifting or bending. She attended physical therapy. She was currently working full-time with a diagnosis of mechanical low back pain and trochanteric bursitis, improved on anti-inflammatory medications. Records indicate a CT scan on March 26, 1997 was reported by [redacted] as showing a L5-S1 degenerative disc disease and L4-5 disc degeneration with some protrusion of disc material into the anterior canal. She underwent surgery under the care of [redacted] on July 7, 1997 along with a psychological evaluation. Records indicate that with the assistance of a [redacted], [redacted] performed an L5-S1 360-degree fusion using the anterior interbody approach with femoral ring Allograft and left iliac crest autograft followed by a posterior and facet fusion at L5-S1, using iliac autograft and translaminar screws. The patient indicates that she was somewhat disappointed at her lack of improvement with ongoing back pain after surgery. Records note a July 28, 1997 myelogram, which showed that the left facet screw at L5-S1 appeared to be in close proximity to the left L5 nerve root. The patient underwent removal of all of the facet screws by [redacted] in November 1998. The patient indicated that this did n

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage Therapy 1 x 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

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

**Decision rationale:** CA-MTUS (effective July 18, 2009) page 60 of 127 section on Massage therapy: Recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. (Hasson, 2004) A very small pilot study showed that massage can be at least as effective as standard medical care in chronic pain syndromes. Relative changes are equal, but tend to last longer and to generalize more into psychologic domains. (Walach 2003) The strongest evidence for benefits of massage is for stress and anxiety reduction, although research for pain control and management of other symptoms, including pain, is promising. The physician should feel comfortable discussing massage therapy with patients and be able to refer patients to a qualified massage therapist as appropriate. (Corbin 2005) Massage is an effective adjunct treatment to relieve acute postoperative pain in patients who had major surgery, according to the results of a randomized controlled trial recently published in the Archives of Surgery. (Mitchinson, 2007). Evidence-based criteria identifies massage therapy as a passive modality lacking evidence for sustained or long-term benefit. Massage therapy may be appropriate as an adjunct to other treatment (e.g. exercise); however, documentation does not identify patient participation in an active physical therapy/exercise program. Therefore the request for Massage Therapy 1 x 12 is not medically necessary since it exceeded the treatment sessions recommended by the guideline as indicated above.

**Norco 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76, 77.

**Decision rationale:** The guideline stipulates that satisfactory response to opioid treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life and none of these were documented in this patient. Also the guidelines stipulates that failure

to respond to a time-limited course of opioids has led to suggestion of reassessment and consideration of alternative therapy Therefore the continued prescription of Norco 10/325 #180 is not medically necessary.