

<b>Case Number:</b>	CM13-0031646		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	01/06/2003
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 Occupational 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 6, 2003. Thus far, the applicant has been treated with following: Analgesic medications; multilevel lumbar fusion surgery at L3-S1; unspecified amounts of physical therapy over the life of the claim; epidural steroid injection therapy at various points in time; and attorney representation. In a Utilization Review Report of September 20, 2013, the claims administrator denied a request for 10 sessions of massage therapy and a gym membership. The applicant's attorney subsequently appealed. On August 21, 2013, the applicant was described as continuing to report severe low back pain radiating to leg. Medications were renewed. Another epidural steroid injection was reportedly contemplated. Ten sessions of massage therapy were requested through a request for authorization form and prescription seemingly dated September 18, 2013. On December 10, 2013, the attending provider wrote that a gym membership and ongoing exercise would afford the applicant the best chance of improving.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **10 MESSAGE TREATMENT (1 X EVERY 2 WEEKS) TO TREAT LUMBAR PAIN:**

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 Page(s): 60.

**Decision rationale:** As noted on page 60 of the MTUS Chronic Pain Guidelines, massage is recommended as an adjunct to other recommended treatments, such as exercise, and should be limited to four to six sessions in most cases. In this case, the applicant has already had prior massage treatment in 2013 alone (four to six sessions), in amounts consistent with the MTUS Chronic Pain Guidelines. The request for 10 additional sessions of massage treatment would represent treatment well in excess of the same. This is not indicated. No applicant specific rationale, narrative, or commentary was provided for review to make a compelling case for massage treatment in excess of the MTUS Chronic Pain Guidelines. Therefore, the request is not medically necessary and appropriate.