

<b>Case Number:</b>	CM13-0064708		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/03/2012
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 40-year-old female who reported injury on 07/03/2012. The mechanism of injury was not provided. The diagnoses include reflex sympathetic dystrophy of the upper extremities, chronic low back pain syndrome, depressive disorder not elsewhere classified, lumbar herniated disc and lumbar degenerative disc disease. The documentation of 11/18/2013 revealed the injured worker had a complaint of pain in the low back and neck pain. The associated symptoms included spasms of the low back, interference with sleep and stiffness of the low back. The injured worker noted her pillow was causing the neck pain and back pain. The injured worker noted she had relief with light touch therapy with an osteopath in the past. The injured worker indicated that it had helped the low back in the past with an ability to sleep, ability to perform exercises, stretches, decreased anxiety and an increased ability to sleep. The injured worker additionally noted that she is socially drinking as opposed to daily drinking. The injured worker indicated that pain was well controlled though she had flare-ups of pain due to stress. Prior treatments included massage, physical therapy, TENS unit, Zumba classes, and a home exercise program. The request was made for 6 sessions of light touch massage with an osteopath.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIGHT TOUCH MASSAGE WITH OSTEOPATH ONE (1) TIME A WEEK FOR SIX (6) WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The California MTUS Guidelines indicate that massage therapy is recommended as an option and should be an adjunct to other recommended treatments. It should be limited to 4 to 6 visits in most cases. There is a lack of long term benefits as the treatment does not address underlying causes of pain. The clinical documentation submitted for review indicated the injured worker had prior treatments with massage therapy. The injured worker indicated it helped with low back pain and improved her ability to exercise, and increased her ability to sleep. However, there was a lack of documentation of objective findings to support the necessity for massage. There was a lack of documentation of objective functional benefit received from the prior sessions with light touch massage and there was a lack of documentation indicating the number of prior sessions. Given the above, the request for light touch massage with osteopath once a week for 6 weeks is not medically necessary.