

<b>Case Number:</b>	CM13-0068045		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/23/2009
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 37 year-old with a date of injury of 07/23/09. A progress report associated with the request for services, dated 11/25/13, identified subjective complaints of residual back pain. Objective findings included tenderness of the lumbar spine and increased pain with range-of-motion. Motor, sensory, and reflexes were normal in the lower extremities. Diagnoses included lumbar disc disease and facet arthropathy, status-post bilateral neurotomies. Treatment has included epidural steroid injections, exercises, chiropractic, physical therapy, acupuncture, massage, and anti-inflammatory medications. She is currently working and functional improvement afforded by massage therapy is not documented. Further massage was recommended for acute flares of pain. A Utilization Review determination was rendered on 12/17/13 recommending non-certification of "Massage therapy one time per month for six months".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MASSAGE THERAPY 1 TIMES A MONTH FOR 6 MONTHS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) recommends massage therapy if it is an adjunct to other recommended treatment (e.g. exercise). The therapy should be limited to 4-6 visits in most cases. Scientific studies have shown contradictory results of efficacy. In this case, the claimant has had more than 6 sessions and the record does not document functional improvement. Therefore, there is no documented medical necessity for an additional 6 months of massage therapy.