

<b>Case Number:</b>	CM13-0069163		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/27/2012
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 Geriatrics and is licensed to practice in New York. 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 reported a date of injury of 1/27/12. He was seen by his primary treating physician on 7/22/13 with complaints of low back pain. He was taking Aleve and muscle medic therapeutic massage treatments which were effective. His physical exam showed normal reflexes in his lower extremities, normal strength and sensation. He had pain limited lumbosacral spine range of motion. His diagnoses included lumbar discopathy with intermittent left L5 radiculitis, displacement of lumbar intervertebral disc without myelopathy and lumbar chronic pain. He denied muscle spasms in his low back and he was doing core exercises of 20-30 minutes daily and walking on an elliptical machine. The plan was to continue his home based exercises and sports massage treatments, the latter of which is at issue in this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of myofascial massage for the low back:** Upheld

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

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

**Decision rationale:** Massage therapy is recommended as 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 injured worker has been receiving ongoing massage therapy with benefit since at least 7/13, but which would exceed the 4-6 visit limit. The records do not support the medical necessity for additional twelve sessions of myofascial massage for the low back.