

<b>Case Number:</b>	CM13-0072587		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	07/07/2005
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Hawaii. 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 51-year-old male who sustained an electrocution injury on July 7, 2005, while employed at a construction company as a laborer. The diagnoses of cervical degenerative disc disease, left shoulder impingement, left knee strain, right wrist scapholunate ligament instability, and lumbar strain with aggravation of degenerative disc disease are associated with this claim. The request is for a massage chair for treatment of the lumbar spine. The records reviewed were the Agreed Medical Exams dated January 30, 2012 and January 14, 2013. In the January 2012 exam, the chief complaint was new symptoms involving the lateral aspect of the right shoulder and symptoms unchanged from the last evaluation. The prior note was not included in the records submitted. The lumbar spine exam revealed decreased range of motion and tenderness to the spine, sacroiliac joints and paraspinal muscles. There was normal lordosis/scoliosis, gait, sensation, deep tendon reflexes, motor strength, and sensation. The medications at that time were Fluoxetine, metformin, Lidoderm patches, Norco, naproxen, oxycodone, atenolol, Prilosec and Flector. The examiner could not provide medical justification for a massage chair. On the January 2013 exam, the chief complaint was right shoulder pain and the impression was right rotator cuff tear. There was no lumbar spine exam performed. The Final Determination Letter for IMR Case Number CM13-0072587 3 patient's reported medications at that time were valium and Nucynta. A recommendation for a massage chair was felt to be an alternative to a functional restoration program and decreased narcotic use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MASSAGE CHAIR FOR THE LUMBAR SPINE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-300, 308, Chronic Pain Treatment Guidelines MASSAGE THERAPY Page(s): 60. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN, MASSAGE THERAPY

**Decision rationale:** Based on records reviewed, the injured worker suffers from multiple injuries in addition to lumbar spine pathology. It is not clear that the primary reason for the narcotic use is based solely on lumbar spine pain and therefore, the reasoning that a massage chair may decrease the narcotic use is not substantiated. The MTUS/ACOEM and Chronic Pain Guidelines do not support massage, because it has no proven efficacy in treating acute low back symptoms. The Official Disability Guidelines indicate that massage therapy should be an addition to other recommended treatment, such as exercise, and it should be limited to four to six (4-6) visits in most cases. The guidelines also indicate that "Massage is a passive intervention and treatment dependence should be avoided." There is no indication from the treating physician as to the parameters for treatment or the length of treatment utilizing the massage chair. As such, the request for a massage chair for the lumbar spine is not medically necessary.