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| <b>Case Number:</b>   | CM14-0007376 |                              |            |
| <b>Date Assigned:</b> | 02/10/2014   | <b>Date of Injury:</b>       | 03/19/2012 |
| <b>Decision Date:</b> | 07/14/2014   | <b>UR Denial Date:</b>       | 01/02/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/21/2014 |

### 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:

This is a 56-year-old female with a 3/19/12 date of injury. While working, she was attempting to lift up a box and struck a pallet jack. In a report dated 10/14/13, the patient complained of low back pain that was constant and getting worse. The patient also reported neck pain continued with stiffness. There was numbness and throbbing pain down the right leg. The patient reported stiffness of the low back. On examination, the patient was positive on Trendelenburg's test at the right hip. The hip flexion was at 70 degrees on the right and 130 degrees on the left. The patient was prescribed Ibuprofen. Diagnostic Impression: musculoligamentous sprain lumbar spine with right lower extremity radiculitis, disc bulges L3-L4, L4-L5 and L5-S1, L4, L5, and S1 radiculopathy, musculoligamentous sprain of, and cervical spine with upper extremity radiculitis. The treatment to date includes medication management, exercise, physical therapy, massage therapy. A UR decision dated 1/2/14 denied the request for massage therapy 2 times a week for 8 weeks. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. 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.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MASSAGE THERAPY 2 TIMES A WEEK FOR 8 WEEKS FOR THE CERVICAL AND LUMBAR SPINE:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

**Decision rationale:** California MTUS does not address the issue of massage therapy. ODG states that massage therapy may effectively reduce or relieve chronic back pain for 6 months or more. ODG recommends an initial trial of 6 visits over 2 weeks, with evidence of objective functional improvement, for a total of up to 18 visits over a 6-8 week period. This patient has a 3/19/12 date of injury and it is unclear from the records provided if she has had massage therapy in the past or if this is a new therapy recommendation. The request is for massage therapy 2 times a week for 8 weeks, which exceeds the guideline recommendations. Guidelines support an initial trial of 6 sessions of massage therapy to establish efficacy. However, this request is for 16 sessions. Therefore, the request for massage therapy 2 times a week for 8 weeks for the cervical and lumbar spine was not medically necessary.