

<b>Case Number:</b>	CM14-0162696		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	11/15/2006
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 41 year old female that reported an injury on 11/15/2006. The mechanism of injury was noted as a lifting injury. She was diagnosed with chronic low back pain, chronic pain syndrome, pain management, opiates and analgesic dependence, morbid obesity, failed spinal fusion, depression, insomnia and polypharmacy. The injured worker was previously treated with medication, physical therapy, and heat. She had an unofficial MRI dated 08/31/2013 noted on a follow up visit dated 12/27/2013. The documentation revealed hardware from L4-S1 fusion line and lumbar spine is within normal limits. Some desiccation at L2-L3 and degenerative changes in place at T11-L2 level and T12-L1. Some mild facet ligamentous hypertrophy, L4-5 previous fusion and laminectomy without stenosis. Above the fusion, there was mild to moderate facet degenerative changes. The surgical history was noted to be a laminectomy with no specific date. On 10/01/2014 the injured worker complained of back pain, with increase in her pain secondary to having the pain medication reduced. The physical exam noted pain to palpation lumbar spine with decreased range of motion. Her current medication regimen included OxyContin, Percocet 10/325 1 tablet every 6 hours as needed, phentermine and tizanidine. No specific frequency or duration noted on OxyContin, phentermine and tizanidine. Her treatment plan included continuation of medication, discontinue current use of OxyContin and use of unspecified modality treatments. There was no rationale listed for the request. The Request for Authorization from was submitted with no specific date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage Therapy:** Upheld

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

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

**Decision rationale:** The request for Massage Therapy is not medically necessary. The California MTUS guidelines state massage therapy is recommended as an option that should be in adjunct to other recommended treatment (e.g. exercise), and should be limited to 4-6 visits in most cases. The injured worker reported continued pain and decrease in activity due to increase in her pain. As stated per the guidelines, the therapy should be used in conjunction with other activities. There no guidelines to support passive therapy without active therapy. Additionally, there was lack of documentation regarding specific frequency or duration for the request. In the absence of this documentation, the request for Massage therapy is not supported in the guidelines. As such, the request is not medically necessary.