

<b>Case Number:</b>	CM14-0178151		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	09/19/1988
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Internal 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:

The injured worker (IW) is a 55-year-old man with a date of injury of September 19, 1988. The mechanism of injury and sustained injuries were not documented in the medical record. Pursuant to the progress note dated September 12, 2014, the IW was being treated for low back pain with radiation down both legs, and headaches. The pain was rated 5-6/10. The medications helped decrease the pain and increase his function. Physical examination revealed decreased range of motion in the lumbar spine. There were no musculoskeletal findings documented. There was no documentation in the medical record of functional improvement. The IW was diagnosed with lumbar failed back syndrome, lumbar radiculitis, and lumbar degenerative disc disease. The IW has massage therapy in the past, which provided good relief. Treatment plan recommendations include: Refill medications, continue aquatic therapy in pool at home, follow-up with ortho for right hip, and massage physical therapy for 1/s 2 to 3 times a week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown massage therapy for the lumbar spine:** Upheld

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

**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, Massage Therapy

**Decision rationale:** Pursuant to the Official Disability Guidelines, the request for unknown massage therapy for the lumbar spine is not medically necessary. The guidelines recommend massage is an option in conjunction with recommended exercise program. The recommended frequency and duration of treatment is the same as for manipulation. This is a trial of six visits over two weeks with evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. In this case, the worker is a 55-year-old man with date of injury September 1988. The progress note from September 12, 2014 indicates the injured worker is being treated for low back pain with radiation down both legs and headaches. There is decreased range of motion in the lumbar spine and the diagnoses were lumbar failed back syndrome, lumbar radiculitis and lumbar degenerative disc disease. There is a history of massage therapy in the past which provided good relief. The progress note dated September 12, 2014 did not provide evidence of musculoskeletal findings indicative of continued massage therapy. The note addressed range of motion however there was no indication as to functional objective improvement noted in the medical record. Although the injured worker had prior massage therapy with good pain relief, there is no clinical evidence presently of improvement documented and for the physical need for continued massage therapy. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, unknown massage therapy for the lumbar spine is not medically necessary.