

<b>Case Number:</b>	CM14-0182182		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	02/04/2013
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Family Medicine and is licensed to practice in Utah. 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 patient is a 34 year-old female. The patient's date of injury is 2/4/2013. The mechanism of injury was a slip and fall, twisting in attempt to catch herself. The patient has been diagnosed with Lumbago and Fibromyalgia. The patient's treatments have included imaging studies, work modification, physical therapy, and medications. The physical exam findings dated 2/14/2013 state x-rays normal, with no other exam findings. Note of 2/22/2013 states tender over the left spinous processes at L2-L5 and tender left SI joint. The patient's medications have included, but are not limited to, Toradol, Lyrica, Norco, Xanax, and Flexeril. The request is for massage therapy and Voltaren Gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sixteen (16) massage therapy sessions:** Upheld

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

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

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Massage Therapy times 16

sessions.MTUS guidelines state the following: Massage is recommended as an option. 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.The clinical documents state that the patient was in physical therapy, but the current request exceeds the recommended amount of visits.According to the clinical documentation provided and current MTUS guidelines; massage therapy, as requested above, is not indicated as a medical necessity to the patient at this time.

**Voltaren gel 1% with three refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Voltaren Gel.MTUS guidelines state the following: for treatment of Osteoarthritis and tendonitis, in areas that are amenable to topical treatment.The back is an area on the body that is not recommended for treatment. According to the clinical documentation provided and current MTUS guidelines; Voltaren Gel is not indicated as a medical necessity to the patient at this time.