

<b>Case Number:</b>	CM14-0020120		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	09/21/2001
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Preventative Medicine has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 50 year old female employee with date of injury of 9/21/2001. A review of the medical records indicates that the patient is undergoing treatment for sciatica and pain in left foot, ankle and joint. Subjective complaints include low back pain and left foot pain; pain in the left side of the low back with radiation to the buttocks and chronic pain in the low back as well as increased muscle spasm and tightness. Objective findings include physician noting scar tissue that may be causing pain in the left foot; antalgic gait; spasm and guarding in lumbar spine; lumbar extension 10 degrees; flexion 90 degrees; left and right lateral bending both 15 degrees; lumbar spine motor strength is 5/5 hip flexion, hip extension, knee extension, knee flexion, ankle eversion and inversion and extensor hallucis longus. Treatment includes Lortab, Norco, PT, TI and acupuncture, Lidoderm Patch 5%, Venlafaxine ER and Soma. The utilization review dated 2/12/2014 non-certified twelve massage therapy sessions for the low back and left foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MESSAGE THERAPY TIMES 12 SESSIONS FOR THE LOW BACK AND LEFT FOOT: Upheld**

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

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

**Decision rationale:** MTUS states concerning massage therapy, 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 and Massage is a passive intervention and treatment dependence should be avoided. There is no indication from the treating physician as to the goals for massage therapy treatment and there is no documentation of adjunct treatment (such as exercise). As such the request for massage therapy times 12 sessions for the low back and left foot is not medically necessary.