

<b>Case Number:</b>	CM14-0022120		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	03/28/2012
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Maryland. 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 Physician 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 53 year old male whose date of injury is 03/28/2012. The mechanism of injury is described as conducting defense training exercises and he sustained pain to the hip and back. EMG/NCV dated 12/18/12 revealed findings suggestive of bilateral chronic active L4 radiculopathy. The injured worker completed a course of physical therapy. He underwent lumbar epidural steroid injection on 05/29/13. Note dated 06/12/13 indicates that he underwent facet blocks which helped for approximately 45 days. The injured worker was authorized for 6 massage therapy visits in November 2013. Note dated 12/18/13 indicates that the injured worker recently returned to work which caused a significant increase in low back pain. Diagnoses are lumbar discogenic disease, lumbar radiculopathy and left hip degenerative joint disease. Note dated 01/29/14 indicates that the injured worker returned to regular work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EIGHT MASSAGE THERAPY SESSIONS:** 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:** Based on the clinical information provided, the request for eight massage therapy sessions is not recommended as medically necessary. The California MTUS guidelines note that 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 submitted records indicate that the injured worker was authorized for 6 massage therapy visits in November 2013; however, the injured worker's objective, functional response to treatment is not documented to establish efficacy of treatment. There are no specific, time-limited treatment goals provided.