

<b>Case Number:</b>	CM14-0027552		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	08/09/1999
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 and Rehabilitation 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 is a 64-year-old female who reported an injury 08/09/1999. The mechanism of injury was not provided within the medical records. The clinical note dated 04/14/2014 indicated diagnoses of lumbar degenerative disc disease, history of surgery in 2003 at L5-S1 with disc collapse, and L3-4, L4-5 degenerative joint disease with bulging and mild stenosis. The injured worker reported flares of pain occasionally. The injured worker reported epidural steroid injections helped for a while and she reported gastritis symptoms with liquid gels. The injured worker reported nerve aching and weakness on the left greater than right side. She utilized Advil occasionally. The injured worker reported she cannot have injections. The injured worker reported she had not received physical therapy as of recent. The injured worker reported massage therapy was helpful for years. The injured worker reported back pain and left greater than right leg pain with numbness and aching. The injured worker reported weakness in both legs. The injured worker rated her back pain 4/10 to 8/10 and her leg pain 4/10 to 7/10. On physical examination the injured worker had numbness in the legs and tingling in the hands and feet. The injured worker had 1+ spasms in the back. An unofficial MRI of the lumbar spine dated 01/16/2004 revealed L3-4 a 2 mm bulge and mild stenosis, L4-5 mild stenosis, L5-S1 severe degenerative disc disease and moderate foraminal stenosis. The injured worker's deep tendon reflexes revealed toes were down going, sensory exam was decreased to pinprick in both feet. The injured worker's prior treatment included diagnostic imaging, surgery, and massage therapy, medication management. The provider submitted a request for massage therapy. A Request for Authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MASSAGE THERAPY VISITS FOR LUMBAR SPINE TIMES FOUR SESSIONS:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines recommend massage therapy as an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. The guidelines also state lack long-term followup. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. There is lack of documentation including an adequate and complete physical exam demonstrating the injured worker had decreased functional ability, range of motion, and decreased strength or flexibility. In addition, the amount of massage therapy visits that have already been completed was not indicated to warrant additional massage therapy. Moreover, the efficacy of the prior massage therapy was not indicated. Therefore, the request for massage therapy is not medically necessary.

**NEUROSURGICAL CONSULTATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), updated guidelines, Chapter 6, page 163.63.

**Decision rationale:** American College of Occupational and Environmental Medicine Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. The included medical documentation has a diagnoses of diagnoses of lumbar degenerative disc disease, history of surgery in 2003 at L5-S1 with disc collapse, and L3-4, L4-5 degenerative joint disease with bulging and mild stenosis. It was not indicated how a neurological exam would aid in the providers determination of prognosis, therapeutic management, and determination of medical stability for the injured worker. Furthermore, there was no clear rationale to support the consultation. Therefore, the request for a Neurosurgical Consultation is not medically necessary.

