

<b>Case Number:</b>	CM14-0028453		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	09/25/2012
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 58 year old female with date of injury 9/25/12. The patient is status post L4/5 right sided microdiscectomy and annular repair in August 2013. The treating physician report dated 1/23/14 indicates that the patient presents with no significant lumbar or radicular pain. She is not taking any medications. She has done her physical therapy but feels that after any prolonged sitting she does notice a slight increase in her pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MASSAGE THERAPY X 6 QTY: 1.00:** Overturned

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

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

**Decision rationale:** The patient presents 5 months post lumbar surgery with overall lumbar and radicular improvements post surgically. Prolonged sitting is causing increased lower back pain. The current request is for massage therapy. The MTUS guidelines state that massage therapy is recommended as an option with limitation to 4-6 visits and is supported for patients post

operatively. The surgeon in this case has recommended a trial of 6 massage visits and there is no documentation stating that this form of treatment has been performed previously. The request is within guideline recommendations and medically necessary.