

<b>Case Number:</b>	CM14-0040371		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/31/1986
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Pain Medicine and is licensed to practice in Texas & Ohio. 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 72 year old male who reported an injury of unspecified mechanism on 05/31/1986. He is diagnosed with disc disease, sciatica, hip prosthesis, and osteoarthritis of the hip. His past treatment included 5 visits of massage therapy in 03/2014. On 03/07/2014 it was documented that he had complaints of constant pain to his lower back which radiated down both hips. He stated that his "back locks up." He was noted to have weakness and decreased stability in the thoracolumbar and lumbosacral region. Upon physical examination, his motor strength to the bilateral quadriceps and bilateral hamstrings was 4/5, and bilateral dorsiflexion was 3+/5. He was noted to be unable to do active straight leg raise and maintain a neutral lumbo-pelvic tilt. His lumbar range of motion noted flexion at 30 degrees, extension was 5 degrees, and right and left side-bending was 5 degrees also. A request was received for Continue massage therapy, QTY: 6. However, the rationale for the request was not provided. The Request for Authorization form was dated 03/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue massage therapy, QTY: 6: Upheld**

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

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

**Decision rationale:** The request for Continue massage therapy, QTY: 6: is not medically necessary. According to the California MTUS guidelines, massage therapy 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. Lack of long-term benefits could be due to the short treatment period or that it does not address the underlying causes of pain. He had 5 previous visits of massage therapy. There was no documentation of any improvement in function or decrease in pain. The requested 6 visits would exceed the recommendations in the guidelines. Therefore, continued treatment is not supported by the guidelines. As such, the request for continue massage therapy, QTY: 6: is not medically necessary.