

<b>Case Number:</b>	CM14-0045316		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	08/02/2012
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 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 underlying date of injury in this case is 08/02/2012. The mechanism of injury is that the patient fell onto his buttock. The patient is being treated for chronic low back and mid back pain as well as knee pain. On 02/26/2014, the treating physician saw the patient in follow-up with ongoing low back pain. The patient was status post lumbar radiofrequency ablation treatment. The patient had a recent increase in his back pain. Overall, the treating physician felt the patient had persistent low back pain with a history of a lumbar disc displacement. The treating physician noted that the patient had found massage to the low back to be helpful in reducing his pain. The patient was noted to have a current flare of pain. Therefore, the treating physician requested treatment with massage therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage therapy two (2) times weekly for six (6) weeks for the low back:** 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 Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines Section on Massage Therapy states that massage is a passive intervention and treatment dependence should be avoided. The guidelines recommend that this be an adjunct to exercise and limited to 4-6 visits in most cases. The request for 12 visits at this time therefore exceeds the guidelines for massage treatment. Moreover, the treatment guidelines overall would recommend independent active treatment rather than passive treatment in the current chronic time frame including for intermittent flares of chronic pain. Therefore, for multiple reasons this treatment request is not supported as medically necessary and/or the treatment request exceeds the treatment guidelines for this modality. For these multiple reasons, this request is not medically necessary.