

<b>Case Number:</b>	CM14-0048731		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	06/16/2001
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Family Medicine 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 66 year old male claimant sustained a work injury on 6/16/11 involving the low back. He had developed degeneration of the thoracic and lumbar region as well as myofascial pain. He had undergone aquatic therapy at least 6 sessions of massage therapy prior to January 2014 as well as 9 sessions of chiropractor therapy and obtained some relief. A progress note on 3/7/14 was notable for 8.5/10 pain and physical findings of tenderness to palpation of the lumbosacral region along with limited range of motion. Neurological examination was unremarkable. The treating physician requested an additional 12 sessions of massages therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 Massage Therapy Sessions: Upheld**

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

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

**Decision rationale:** In this case, the claimant had received extensive amount of manual therapy (physical, aquatic, massage and chiropractor). The request for an additional 12 sessions of massage therapy exceeds the amount recommended by the California MTUS guidelines (6

session), which have already been provided. The massage therapy is therefore not medically necessary.