

<b>Case Number:</b>	CM14-0064465		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/03/2012
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 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 61-year-old female with date of injury of 09/03/2012. The listed diagnoses per the primary treater dated 04/02/2014 are pain in joints, pelvis, thigh and lumbar disk displacement myelopathy. According to this report, the patient complains of left buttock and left hip pain. She is status post sacrotuberous ligament injection from 11/13/2013, without benefit. She continues to note pain in the left buttock and hip. She states that she has to find a comfortable position, which is usually leaning to the right with the use of pillows. She utilizes heat and ice at times. The objective findings show the patient is well developed well nourished, in no distress. She is alert and oriented. The patient ambulates to the examination room with assistance of a single-point cane. The treater referenced a magnetic resonance imaging (MRI) of the lumbar spine, dated 11/20/2012, that showed multilevel spondylosis and facet degeneration including facet arthropathy at L3-L4 and L4-L5 with associated mild capsulitis on the left side. There is a large atypical hemangioma at L3. The utilization review denied the request on 04/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Message Therapy 2x week for 6 weeks for 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:** This patient presents with a left buttock and left hip pain. The treater is requesting 12 massage therapy sessions for the low back. The MTUS Guidelines page 60 on massage therapy states that it is recommended as an option in adjunct with other recommended treatments such as exercise and should be limited to 4 to 6 visits. Massage is a passive intervention and treatment dependence should be avoided. The progress report dated 02/19/2014 documents that the patient has been utilizing massage therapy, but she is paying out of pocket. She notes that these sessions do provide her with about 12 hours of pain relief and improved function. In this case, while the patient reports significant relief with massage therapy, the requested 12 sessions exceeds MTUS recommendations of 4 to 6 visits. Recommendation is not medically necessary.