

<b>Case Number:</b>	CM14-0080129		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	04/29/2009
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 Illinois. 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 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 60-year-old male who reported an injury on 04/29/2009. The mechanism of injury was not provided for clinical review. The diagnoses included syndrome post contusion, syndrome cervicocranial, lumbar disc displacement, pain in joint lower leg, anxiety, pain physiogenic, post-traumatic stress disorder, chronic pain, neck pain, and long term use of medications. The previous treatments included medication, physical therapy, aquatic therapy, and massage therapy. Within the clinical note dated 06/19/2014, it was reported the injured worker complained of chronic neck, low back, and left lower extremity pain. The injured worker reported doing well with massage therapy and aquatic therapy. He reported having a 50% reduction of pain with the combination of both therapies. Upon the physical examination the provider noted the injured worker had tenderness to palpation of the lumbosacral junction. The range of motion of the lumbar spine was decreased by 20% of flexion and 30% of extension. The provider noted the injured worker had decreased sensation to light touch along the left lower extremity. The injured worker had a positive bilateral straight leg raise. The provider noted upon the examination of the cervical spine, the injured worker had tenderness to palpation along the cervical paraspinal muscles. The provider noted the injured worker had intact sensation to light touch of the bilateral upper extremities. The request submitted is for massage therapy of the cervical and lumbar spine. The request for authorization was provided and dated 07/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MASSAGE THERAPY; 6 SESSIONS (CERVICAL/LUMBAR SPINE): 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 Mass therapy Page(s): 60.

**Decision rationale:** The request for Massage Therapy is not medically necessary. The California MTUS Guidelines recommend massage therapy as an option, as indicated below. The treatment should be as an adjunct to other recommended treatments and it should be limited to 4 to 6 treatments in most cases. The guidelines note massage therapy is beneficial in attenuating diffused musculoskeletal systems, but beneficial effects were registered only during treatment. The lack of long term benefits could be due to the short treatment period or treatments such as these that do not address the underlying cause of pain. There is lack of clinical documentation of objective findings of the efficacy of the previous treatment. The number of sessions the injured worker has previously undergone was not provided for clinical review. Therefore, the request is not medically necessary.