

<b>Case Number:</b>	CM14-0083206		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	12/26/2006
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 and Rehabilitation, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 62-year-old male was reportedly injured on 12/26/2006. The mechanism of injury was noted as work related injury that occurred while breaking-up a fight. The most recent progress note, dated 7/16/2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated the patient had an antalgic gait and lumbar spine limited range of motion with pain. There was positive tenderness to palpation in the lumbosacral paraspinal muscles with positive spasms and positive straight leg raise on the right. No recent diagnostic studies are available for review. Previous treatment included previous surgery, six physical therapy sessions, and medications. A request was made for eight massage therapy sessions for lumbar spine, lumbosacral orthosis (LSO) back brace and was not certified in the pre-authorization process on 5/15/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **8 Sessions of Outpatient Massage Therapy for the 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 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 60.

**Decision rationale:** Recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to four to six visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long term followup. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. Based on the recommendations listed above, the requested number of sessions for massage therapy exceeded guideline recommendations. Therefore, this request is deemed not medically necessary.

**LSO Back Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** ACOEM treatment guidelines do not support the use of a lumbosacral orthosis (LSO) or other lumbar support devices for the treatment or prevention of low back pain except in cases of specific treatment of spondylolisthesis, documented instability, or postoperative treatment. The claimant is currently not in an acute postoperative setting and there is no documentation of instability or spondylolisthesis with flexion or extension on plain radiographs of the lumbar spine. As such, this request is not considered medically necessary.