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| <b>Case Number:</b>   | CM14-0085094 |                              |            |
| <b>Date Assigned:</b> | 07/18/2014   | <b>Date of Injury:</b>       | 03/14/2006 |
| <b>Decision Date:</b> | 09/16/2014   | <b>UR Denial Date:</b>       | 05/22/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/02/2014 |

### 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 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:

This 59 year-old patient sustained an injury on 3/14/06 while employed by [REDACTED]. Request under consideration include Additional Massage Therapy 1 x 8. Conservative care has included recent 8 massage therapy sessions, physical therapy, medications, and modified activities/rest. Report of 4/22/14 from the provider noted the patient doing well with current pain management regimen; attending PT and LMT treatment with definite benefit of less pain and increased activity tolerance. Current medications list Norco, Cymbalta, Skelaxin. Exam only noted patient smiling maintaining good eye contact; erect posture. Treatment plan included continuing with PT, LMT for maintenance and mobility, conditioning. The request for Additional Massage Therapy 1 x 8 was non-certified on 5/22/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Addition Massage Therapy 1 x 8:** Upheld

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

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

**Decision rationale:** This 59 year-old patient sustained an injury on 3/14/06 while employed by [REDACTED], [REDACTED]. Request under consideration include Additional Massage Therapy 1 x 8. Conservative care has included recent 8 massage therapy sessions, physical therapy, medications, and modified activities/rest. Report of 4/22/14 from the provider noted the patient doing well with current pain management regimen; attending PT and LMT treatment with definite benefit of less pain and increased activity tolerance. Current medications list Norco, Cymbalta, Skelaxin. Exam only noted patient smiling maintaining good eye contact; erect posture. Treatment plan included continuing with PT, LMT for maintenance and mobility, conditioning. The request for Additional Massage Therapy 1 x 8 was non-certified on 5/22/14. Massage is recommended for time-limited use in sub-acute and chronic pain patients without underlying serious pathology and as an adjunct to a conditioning program that has both graded aerobic exercise and strengthening exercises; however, this is not the case for this 2006 injury status post significant conservative physical therapy and should be on an independent home exercise program. The patient's medication regimen of opiate remains unchanged without any specific neurological deficits identified on clinical exam despite recent 8 massage therapy visits. A short course may be appropriate during an acute flare-up; however, this has not been demonstrated nor are there any documented clinical change or functional improvement from treatment rendered previously. Without any new onset or documented plan for a concurrent active exercise program, criteria for massage therapy have not been established per MTUS Chronic Pain Guidelines. The Additional Massage Therapy 1 x 8 is not medically necessary and appropriate.