

<b>Case Number:</b>	CM14-0182178		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	08/31/2004
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 39-year-old female who reported an injury on 08/31/2004. The mechanism of injury was not provided. On 05/19/2014, the injured worker presented with chronic low back pain. Upon examination, the injured worker ambulated into the room without assistance and had an antalgic gait. Examination of the lumbar spine revealed tenderness to palpation at the lumbosacral junction with associated muscle tension extending into the mid back. Range of motion for the lumbar spine is decreased by 40% with flexion, 80% with extension, and 50% with rotation bilaterally. There is decreased sensation to light touch along the left anterior thigh and left lateral calf compared to the right lower extremity. There is 5/5 motor strength and 1+ deep tendon reflexes. Current medications included ibuprofen, capsaicin, lidocaine, and Norco. The diagnoses were lumbar disc displacement without myelopathy. The treatment plan included 6 sessions of massage therapy for the low back. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 sessions of massage therapy for the low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise/Massage therapy.

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

**Decision rationale:** The request for 6 sessions of massage therapy for the low back is not medically necessary. The California MTUS recommend massage therapy as an option. This treatment should be an adjunct to other recommended treatment such as exercise, and limited to 4 to 6 visits in most cases. Furthermore, many studies lack long term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but benefits are only registered during treatment. There was lack of documentation of the injured worker's participation in an adjunct such as physical therapy or home exercise that would be used as an adjunct to the massage therapy sessions. Additionally, there is no information on if the injured worker had participated in previous massage therapy sessions. As such, medically necessary has not been established.