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| <b>Case Number:</b>   | CM14-0200964 |                              |            |
| <b>Date Assigned:</b> | 12/11/2014   | <b>Date of Injury:</b>       | 05/27/2014 |
| <b>Decision Date:</b> | 01/31/2015   | <b>UR Denial Date:</b>       | 11/04/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/01/2014 |

### 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 Occupational Medicine 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 injured worker was lifting a bundle of paper at work on 5/27/14 when he felt pain and discomfort to his lower back. He was initially treated with conservative modalities including physical therapy, anti-inflammatory medications and Tylenol #3 as well as modified work. He was referred for an initial orthopedic evaluation on 7/9/14 the patient reports right sacroiliac joint pain radiating to the right lower extremity. On physical exam there is limited range of motion and tenderness to palpation at the right SI joint. Diagnoses include acute lumbosacral strain and radiculopathy; recommendation is to obtain lumbar MRI. On 7/28/14 due to persistent pain despite conservative therapy as well as MRI evidence (from 7/25/14 MRI) of lumbar disc herniation at L4/L5, the treating MD recommends referral to spine surgeon. According to recent clinic note from 10/09/14, the injured worker reports moderate sharp lower back pain 7/10 radiating to both lower extremities with numbness and tingling. On exam there is tenderness to palpation to both sacroiliac joints as well as lumbar paravertebral muscles. As well there is positive bilateral straight leg raise and decreased lumbar range of motion. Diagnoses include lumbar radiculopathy and sprain/strain. Plan is to request physical therapy, massage therapy and acupuncture 1-2 times per week, and request orthopedic consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage therapy 2x4Wks for the lumbar spine:** Overturned

**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:** The use of massage therapy is a non-invasive and safe modality that is used as an adjuvant therapy when standard conservative therapy has not been successful. According to CA MTUS massage therapy is a recommended option stating that "massage is beneficial in attenuating diffuse musculoskeletal symptoms. The strongest evidence for benefits of massage is for stress and anxiety reduction, although research for pain control and management of other symptoms is promising". The initial UR denied the request on two basis: 1) that the patient "is reported to have had previous massage therapy but there is no information provided about response"; and 2) the requested quantity of 2 times a week for 4 weeks exceeds the guidelines which recommend treatment "should be limited to 4-6 visits in most cases". In my review of the records I saw no mention of prior medical massage therapy being performed for this patient for the current injury, consequently lack of prior efficacy is not a valid reason for denial. Regarding the requested number of treatment sessions being eight (8) instead of the six (6) listed in the guidelines, it should be noted that the MTUS guidelines do not set a definitive limit, only stating that in "most cases", the total number of treatments "should" be limited to 6. In this specific patient's case, the injury is relatively recent occurring less than a year ago. The patient is young and in previous good health. Conservative therapies such as message should be expedited and attempted quickly in patients such as this in order to reduce the risk of developing chronic intractable pain requiring surgical intervention and resulting in chronic disability. Consequently I believe it is reasonable and appropriate to approve an initial treatment course of 2 sessions per week for 4 weeks at this time with the understanding that it may prevent chronic pain and disability, hasten return to work, and limit chance of future invasive procedures. Therefore the request is medically necessary.