

<b>Case Number:</b>	CM15-0002164		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	06/05/2003
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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 52-year-old female who reported an injury on 06/05/2003 due to cumulative trauma. The diagnoses were chronic depression, obesity and anxiety. The injured worker had a prior left knee arthroscopy and left hip open reduction and internal fixation. Prior therapy included massage therapy, medications and chiropractic treatment. The injured worker presented for a followup visit on 11/12/2014. She reported better pain control with therapeutic massage. Current medications included Percocet, gabapentin, Valium, trazodone, Lidoderm patches, Colace, Voltaren gel, metoprolol, metolazone, Humalog, Lantus and aspirin. Upon examination, there was limited range of motion on extension and the injured worker ambulated using a 4 wheeled walker with a seat and hand brace. There was tenderness to the bilateral neck and lumbar spine. There was difficulty with knee extension due to right knee pain. The diagnoses were chronic pain syndrome, lumbar back pain, degenerative disc disease, insomnia, depression, obesity and anxious. The provider recommended massage therapy sessions for the lower back. There was no rationale 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:

**8 Massage Therapy Sessions for The Lower Back:** 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:** The request for 8 massage therapy sessions for the lower back is not medically necessary. The California MTUS Guidelines recommend massage as an option. It should be used as an adjunct to other recommended treatments, such as exercise and should be limited to 4 to 6 visits. The injured worker had participated in massage therapy previously; however, an objective assessment of the injured worker's functional ability and decrease in pain was not provided. Additionally, the amount of massage therapy visits that the injured worker had previously participated in was not submitted. The provider's request for 8 additional massage therapy sessions would exceed the guideline recommendations. As such, medical necessity has not been established.