

<b>Case Number:</b>	CM15-0109959		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	10/28/2013
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 43 year old male, who sustained an industrial injury on 10/28/2013. The mechanism of injury was not noted. The injured worker was diagnosed as having low back pain, lumbosacral pain, and pain in joint. Treatment to date has included medications, home exercise, and heat. Currently (5/15/2015), the injured worker complains of low back pain, rated 5/10, and 6/10 without medications. Symptoms were aggravated by activities involving movement and the right leg felt heavy and harder to move when sitting. Decreased lumbar range of motion was noted, along with taut and tender fibers of the bilateral lumbar spine. Kemp's test was positive bilaterally and straight leg raise was positive on the right. The treatment plan included massage therapy for the lumbar spine x 4. His work status was not documented. Previous progress reports were not submitted. A PR2 report (5/22/2015) was submitted for clarification, stating that the injured worker did not have prior massage therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 massage therapy treatments 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 x 8  
C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 60 of 127.

**Decision rationale:** Regarding the request for massage therapy, Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review, there is no indication that the currently requested massage therapy will be used as an adjunct to other recommended treatment such as exercise. Finally, it is unclear exactly what objective treatment goals are hoping to be addressed with the currently requested massage therapy. In the absence of clarity regarding those issues, the currently requested massage therapy is not medically necessary.