

<b>Case Number:</b>	CM15-0139305		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	07/06/2011
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: Pennsylvania, Ohio, California  
 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 (IW) is a 60 year old male who sustained an industrial injury on 07/06/2011. He reported injury from falling in a 4 foot hole. The injured worker was diagnosed as having lumbar facet joint pain and lumbar degenerative disc disorder. Treatment to date has included oral and topical medications, chiropractic therapy, an H-wave, applications of heat and ice and massage. A MRI was done 12/28/2011, and a repeat MRI on 06/01/12. Both noted a disc bulge at L-3-L4. The central canal and neural foramina appeared adequate at L1-2 and L2-3 and the thecal sac was mildly effaced. There was no significant interval changes identified compared to the prior lumbar MRI of 12/18/11. Currently, the injured worker complains of low back pain that is described as stabbing, aching, and numbness in his low back and posterior lower extremities. Pain level without medications is a 7-8 on a scale of 0-10, with medications it is a 6-7/10. Physical therapy, medications, laying down and sitting makes his pain better. Walking, lifting, bending and standing increase his pain. He denies new symptoms, and denies saddle anesthesia or loss of bladder or bowel control. Medications include Diovan, Viagra, Ibuprofen and Lidoderm patches. He recently completed three authorized massage therapy appointments which reduced his pain over 30% for over 2 days with each appointment. He was reported to be able to take less medication and continue working after the sessions. On examination he is noted to have no surgical scars, his sciatic notches are pain free to palpation, sacroiliac joints are non-tender, straight leg raise is negative bilaterally, but causes low back pain in the right side of his low back. He has decreased range of motion secondary to pain, and sensation is intact but decreased over left L4, L5 and S1 dermatomes. Current diagnoses include: Chronic pain syndrome, Low

back pain, Lumbar disc pain, Lumbar degenerative disc disease, Lumbar facet pain, Lumbar stenosis, Lumbar radiculitis, Lumbar strain, Myalgia, and Numbness. A request for authorization was made for the following: 1. Message therapy; six sessions (1x6) and 2. Ibuprofen, 800mg #90.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Message therapy; six sessions (1x6): 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:** MTUS recommends massage for limited indications up to 6 visits in the acute phase of an injury. This treatment is intended as an adjunct to active treatment and to facilitate early functional restoration. Massage is a passive treatment which is not recommended for ongoing or chronic use. The request in this case is not consistent with these guidelines; the request is not medically necessary.