

<b>Case Number:</b>	CM15-0148837		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	10/05/2012
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 male, who sustained an industrial injury on 10-5-12 Initial complaint of pain around the thoracic spine. The injured worker was diagnosed as having intervertebral disc pain thoracic region. Treatment to date has included acupuncture; physical therapy; trigger point injections; massage therapy; chiropractic therapy; medications. Currently, the PR-2 notes dated 7-2-15 indicated the injured worker was in the office as a follow-up visit. He reports continued improvement in pain and attributes this to chiropractic treatment. His sessions note a 60% decrease in his pain, which lasts for several days and allows him for functional benefit of increased tolerance for activity such as Pilates, swimming, yoga and other home exercise. Pain is made worse with working or pulling weeks. He also notes benefit from massage therapy in conjunction with chiropractic treatment, medications and TENS unit. He has been authorized for cognitive behavioral therapy and will follow up on those visits. He reports he utilizes Norco on an intermittent as-needed basis and able to make 30 tablets last 6 weeks. He does request a refill. The provider includes a physical examination and notes his medications at this time as Naproxen and Norco. He is requesting massage and chiropractic therapy and medication refills. The provider documents the urine drug screening from prior visit is consistent with prescribed medication and notes no inconsistency on CURES report. The provider is requesting authorization of massage therapy 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage therapy x6 sessions:** 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:** Massage therapy is recommended as an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. In this case, the claimant has completed an unknown amount of chiropractor and massage therapy interventions (at least 6 sessions of each). The request for an additional 6 sessions exceeds the guidelines amount and is not medically necessary.