

<b>Case Number:</b>	CM15-0188292		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	05/07/2009
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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 65 year old female, who sustained an industrial injury on 05-07-2009. She has reported subsequent low back and left hip groin pain and was diagnosed with lumbar degenerative disc disease, lumbar facet joint arthropathy at L3-S1, lumbar sprain and strain, left hip degenerative joint disease, severe facet joint hypertrophy from L4-S1 and status post L4-L5 and L5-S1 facet joint radiofrequency nerve ablation. Treatment to date has included pain medication, physical therapy, surgery and a home exercise program. Physical therapy visits were noted to have been helpful. It's unclear as to whether massage therapy had previously been received and if so what the results of therapy had been. In progress notes dated 05-07-2015 and 09-03-2015, the injured worker was seen for follow up of bilateral low back and left hip groin pain. No subjective findings were documented. Objective examination findings on 05-07-2015 and 09-03-2015 revealed tenderness to palpation of the lumbar paraspinal muscles overlying the bilateral L3-S1 facet joints, restricted range of motion of the lumbar spine due to pain, positive left hip joint provocative maneuvers and lumbar facet joint maneuvers and positive Patrick's maneuver on the left. The physician noted in the 09-03-2015 progress note, that massage therapy was being requested to treat persistent low back pain as "UR is defective as it has clearly exceeded the 5 days for rendering a decision." Work status was documented as permanently disabled. A request for authorization of massage therapy for the low back #6 was submitted. As per the 09-23-2015 utilization review, the request for massage therapy for the low back #6 was non-certified.

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

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

**Massage therapy for the low back #6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

**Decision rationale:** According to the guidelines, massage therapy is considered an option. Treatment should be 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 undergone therapy, invasive procedures and medications. Although massage therapy may be beneficial, it is an option and is not medically necessary.