

<b>Case Number:</b>	CM15-0195532		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	03/02/2010
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: New Jersey, New York  
 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 68 year old male who sustained an industrial injury March 2, 2010. Past history included hypertension, GERD (gastroesophageal reflux disease), enlarged prostate, COPD (chronic obstructive pulmonary disease), and sleep apnea. According to a treating physician's progress report dated August 21, 2015, the injured worker presented for follow-up of low back pain. He received a Toradol injection on the last visit August 4, 2015, and reported it helped for 4-5 days. He is now taking over the counter Tylenol which is helping with pain, rated 5 out of 10 most of the time. He also reports pain in his heel and will be seeing a podiatrist soon. Past treatment included physical therapy, massage therapy, chiropractic treatment, and wore a back brace. Current medication included Ropinirole, Amlodipine, Besylate, Lisinopril, Omeprazole, Lovastatin, and Tylenol Extra Strength. Objective findings included; neck diffusely restricted range of motion; shoulders-tenderness to palpation and moderate spasm noted bilateral superior trapezius; back- full range of motion, normal gait; left distal heel and plantar fascia tenderness to palpation on left. Diagnoses are lumbago and cervicgia. Treatment plan included started on a trial of Celebrex from last visit August 4, 2015, and to continue, Tylenol as needed, continue home exercise and at issue, a request for authorization for massage therapy 2 x 6. According to utilization review dated September 25, 2015, the request for Massage Therapy 2 x 6 is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage therapy 2x6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

**Decision rationale:** The request is not medically necessary. As per MTUS guidelines, there is no "high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage." Recommended physical modalities include stretching, specific neck exercises for range of motion and strengthening, aerobic exercises, and 1-2 physical therapy visits for education and evaluation of home exercise. The patient is currently performs a home exercise program. Massage therapy is a passive treatment that should only be limited to 4-6 sessions. The request for 12 sessions exceeds this recommendation. Therefore, the request is considered not medically necessary at this time.