

<b>Case Number:</b>	CM15-0196632		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	06/06/2011
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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: Chiropractic

### 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 55 year old female, who sustained an industrial injury on 6-6-2011. The injured worker is undergoing treatment for: right knee and low back, lumbar spine disc protrusion with left side sciatica and osteoarthritis, right knee loose body status post removal and osteoarthritis. On dates of services 5-6-15 to 8-12-15, she reported pain to the right knee and low back. Physical examination revealed spasms in the low back, pain is noted with motion, tenderness in the lumbar area, positive lasegue's testing on the left, decreased lumbar range of motion; right knee with well healed surgical scar, moderate effusion, normal range of motion, and tenderness in the medial and lateral joint lines. There is no discussion of the efficacy of the already tried methods of treatment. The treatment and diagnostic testing to date has included: multiple physical therapy sessions (at least 12 completed), right knee surgery (4-30-15), chest x-ray (4-23-15), blood work (4-23-15), EKG (4-23-15). Medications have included: not documented. Current work status: retired; permanent and stationary. The request for authorization is for an initial trial of massage therapy (lumbar), three times weekly for 4 weeks. The UR dated 9-28-2015: non-certified the request for massage therapy (lumbar), three times weekly for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage therapy (lumbar) (3 times 4): 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): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Massage.

**Decision rationale:** The patient has not received massage therapy for her lumbar spine injury in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Low Back Chapter recommend an initial trial of 4-6 sessions of massage therapy as an adjunct to other recommended treatment such as exercise and physical therapy. The patient has received an unspecified number of physical therapy sessions. The records provided do not document any exercise programs which the patient may or may not be undergoing at the time of the request. The MTUS does support 4-6 sessions. The 12 sessions requested far exceed The MTUS recommended number. I find that the 12 massage therapy sessions requested to the lumbar spine to not be medically necessary and appropriate.