

<b>Case Number:</b>	CM15-0197217		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	05/02/2006
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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, North Carolina  
 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 45 year old male injured worker suffered an industrial injury on 5-2-2006. The diagnoses included L1 burst fracture lumbar fusion, intractable pain syndrome and severe knee derangement. On 8-26-2015 the treating provider reported the pain was rated 5 out of 10 for the flow back and 4 out of 10 in the mid back. The provider reported the injured worker had intractable pain syndrome that included knee pain and low back pain. He had been taking Norco and cognitive behavior therapy with quality of life index was 44 out of 100. On exam the cervical spine had tightness and the lumbar spine had myofascial restrictions. The provider requested massage therapy as it tended to reduce the pain by 20% to 30% and kept him off opioid medication. It allowed him to walk the dog daily. The medical record did not contain details of reports of prior massage therapy and when and how many sessions were provided. Prior treatment included Lidoderm, Celebrex, Tylenol, Advil, and Aleve. Request for Authorization date was 9-25-2015. The Utilization Review on 10-2-2015 determined non-certification for Massage therapy, 24 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage therapy, 24 sessions:** Upheld

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

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

**Decision rationale:** CA MTUS Guidelines states that massage therapy should be utilized as an adjunct to other recommended treatment and limited to 4-6 sessions in most cases. This request is for 24 sessions, which far exceeds guidelines. No rationale is given for the number of sessions. The medical records submitted indicate that massage therapy helps decrease the patient's pain and use of Norco. However there is no evidence of return to work. There is no evidence of a home exercise program. Massage therapy has been requested in the past, but there is no documentation of functional benefits or that massage therapy has decreased the patient's utilization of additional medical treatments. Therefore the request is deemed not medically necessary or appropriate.