

<b>Case Number:</b>	CM15-0209320		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	04/14/2013
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 57 year old male, who sustained an industrial injury on 4-14-2013. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine sprain-strain, MRI or evidence of multiple lumbosacral disc protrusions, and bilateral neuroforaminal stenosis per MRI dated July 2013. On 9-23-2015, the injured worker reported lumbar spine pain rated 6 out of 10, worse since the previous visit. The Primary Treating Physician's report dated 9-23-2015, noted the injured worker reported taking Tylenol #3 which helped, with the injured worker currently working. The physical examination was noted to show the lumbar spine with slight decreased range of motion (ROM) with tenderness over the midline and slight tenderness over the paraspinal muscles. Prior treatments have included TENS, epidural injection, and physical therapy. The treatment plan was noted to include a request for authorization for physical therapy with massage to the lumbar spine. The injured worker's work status was noted to be able to return to modified work. Physical therapy notes from 6-22-2015 to 7-15-2015, noted the injured worker receiving therapy to the lumbar spine, tolerating the therapy well. The request for authorization was noted to have requested 12 physical therapy with massage to the lumbar spine, 2x6 weeks, as an outpatient. The Utilization Review (UR) dated 10-12-2015, non-certified the request for 12 physical therapy with massage to the lumbar spine, 2x6 weeks, as an outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 physical therapy with massage to the lumbar spine, 2x6 weeks, as an outpatient:** 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, Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy Pain section, Massage therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 physical therapy with massage sessions lumbar spine two times per week times six weeks as an outpatient is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Massage is a passive intervention and considered an adjunct to other recommended treatment, especially active interventions (e.g. exercise). Massage therapy should be limited to 4-6 visits in most cases. See the guidelines for details. Massage therapy is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. In this case, the injured worker's working diagnoses are lumbar spine sprain strain; lumbar disc protrusions; and bilateral neuroforaminal stenosis per MRI. Date of injury is April 14, 2013. Request for authorization is October 15, 2015. The documentation contains progress notes from June 2015 and July 2015. The total number of physical therapy sessions to date is not specified. According to an August 20, 2015 progress note, subjectively there is slight improvement with a home exercise program and pool therapy. According to the most recent progress note dated September 23, 2015, subjective complaints include lumbar spine pain 6/10. Pain is worse. The injured worker is working and takes Tylenol #3. Objectively, there is decreased range of motion of the lumbar spine with tenderness to palpation. Massage therapy should be limited to 4-6 visits in most cases. The treating provider is requesting 12 physical therapy sessions with massage. There is no documentation demonstrating objective functional improvement from prior physical therapy. The total number of physical therapy sessions is not specified. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. Based on the clinical information and medical record and the peer-reviewed evidence-based guidelines, 12 physical therapy with massage sessions lumbar spine two times per week times six weeks as an outpatient is not medically necessary.