

<b>Case Number:</b>	CM15-0023130		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	10/01/2000
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 54-year-old female who reported an injury on 10/11/2000 due to an unspecified mechanism of injury. On 01/13/2015, she presented for a follow-up evaluation, reported neck pain and lower backache. She rated her pain at a 7/10 with medications and an 8/10 without medications. A physical examination showed that she had an antalgic slowed gait without the use of assistive devices. Range of motion was restricted, with flexion limited to 30 degrees, extension to 20 degrees, lateral rotation to the right and left to 25 degrees. On examination of the paravertebral muscles, there was hypertonicity and tenderness, as well as tight muscle band noted on both sides, and tenderness at the paracervical muscles and trapezius. The lumbar spine showed restricted range of motion with tenderness to palpation, as well as hypertonicity on both sides of the paravertebral muscles. Muscle strength was a 5/5 throughout, and there was no evidence of edema. She was diagnosed with whole body myofascial pain syndrome; chronic lumbar sprain with discopathy; chronic cervical strain; and myofascial headache syndrome. The treatment plan was for 6 outpatient massage therapy sessions for the lumbar spine. The rationale for treatment was to alleviate the injured workers pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) outpatient massage therapy to the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 58.

**Decision rationale:** The California MTUS Guidelines indicate that massage therapy is recommended as an adjunct to physical rehabilitation. The documentation provided does not show that the injured worker is actively participated in an additional program of evidence based functional restoration, used in conjunction with massage therapy. Without this information, the request for massage therapy would not be supported. Therefore, the request is not supported. As such, the request is not medically necessary.