

<b>Case Number:</b>	CM15-0040150		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	01/28/2010
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 male, who sustained an industrial injury on January 28, 2010. The diagnoses have included failed lumbar spine syndrome and right shoulder impingement syndrome. Treatment to date was not provided. Currently, the injured worker complains of severe pain as well as spinal headaches. In a progress note dated February 6, 2015, the treating provider reports examination of the upper extremity revealed right shoulder decreased range of motion, and impingement signs on Hawkins and Neer testing, the lumbar spine revealed tenderness to the left of midline, decreased range of motion and positive straight leg raising.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy program in a supine position for a massage to low back, twice weekly for four weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant is more than 5 years status post work-related injury and continues to be treated for chronic low back pain and spinal headaches. Treatment has included lumbar spine surgery complicated by a dural leak requiring repair. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary.

**Additional physical therapy program in a supine position for a massage to low back, twice weekly for four weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

**Decision rationale:** The claimant is more than 5 years status post work-related injury and continues to be treated for chronic low back pain and spinal headaches. Treatment has included lumbar spine surgery complicated by a dural leak requiring repair. Massage therapy is recommended as an option. It should be an adjunct to other recommended treatments such as exercise. Guidelines recommend that it should be limited to 4-6 visits in most cases. In this case the number of treatment sessions is in excess of guideline recommendations and therefore not medically necessary.