

<b>Case Number:</b>	CM15-0060398		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	02/23/2012
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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 (IW) is a 52-year-old female who sustained an industrial injury on 02/23/2012. She reported pain in the low back radiating in to the buttocks, thighs and lower legs. The injured worker was diagnosed as having lumbar radiculopathy; chronic neck, midback, and low back pain; left shoulder arthralgia; and left ankle arthralgia. Treatment to date has included heat, over the counter topical creams and oral prescription medications with some homeopathic pills. Her pain is not rated. Currently, the injured worker complains of constant tightness and achiness in the low back, right worse than the left. Treatment options were discussed and a TFESI (transforaminal-epidural steroid injection) bilaterally at L5-S1 was decided for as a course of treatment with massage therapy and medications. A formal request for authorization for massage therapy one time a week for 8 weeks for lumbar spine, cervical, left ankle and left shoulder was submitted separately.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage therapy one time a week for 8 weeks for lumbar spine, cervical, left ankle and left shoulder:** Upheld

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

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

**Decision rationale:** The claimant is more than three years status post work-related injury and continues to be treated for chronic neck, low back, and left ankle and shoulder pain. 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 there is no adjunctive treatment planned. The request is therefore not medically necessary.