

<b>Case Number:</b>	CM15-0081713		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	12/09/2011
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: New Jersey, New York  
 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 injured worker is a 58-year-old female, with a reported date of injury of 12/09/2011. The diagnoses include status post lumbar laminectomy and discectomy, spinal stabilization procedure with residual pain at the L4-5 and L5-S1 levels; and bilateral radiculitis. Treatments to date have included oral pain medication, massage therapy for the lumbar spine, and home exercises. The orthopedic re-evaluation report dated 03/24/2015 indicates that the injured worker had continued complaints of lower back pain. She rated the pain 8 out of 10 without medication; and 3 out of 10 with medication. The injured worker had difficulty with activities of daily living. The objective findings include a well-healed previous incision site; tenderness to palpation over the lumbar paraspinal muscles with muscle spasms; and the neurological examination remained the same. The treating physician requested twelve massage therapy sessions for the lumbar spine. It was noted that the injured worker stated that when she received massage therapy previously, it provided significant relief of symptoms, decreased her pain, and improved her functionality, and quality of life.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage Therapy for the lumbar spine, 12 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 80.

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

**Decision rationale:** The request is considered not medically necessary. According to MTUS guidelines, massage therapy is an option as an adjunct to other treatments, which have not been elaborated on in the patient's chart. It should be limited to 4-6 visits. The current request for 12 sessions would exceed this recommendation. The patient has had massage therapy but there was no documentation of objective improvement in pain and function. Therefore, the request is considered not medically necessary.