

<b>Case Number:</b>	CM15-0086166		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	12/28/2013
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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

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 53-year-old male, who sustained an industrial injury on 12/28/2013. He reported slipping and falling approximately four to five feet, striking his head on a concrete wall. He was initially treated with trigger point injections to the lower back, medication therapy, and acupuncture therapy. Diagnoses include L4-5 disc herniation, degenerative disease and stenosis, with episodic flares of low back and left leg pain. Treatments to date include gabapentin, Flector patches, and analgesic and massage therapy. Currently, he complained of a recent exacerbation of low back and left leg pain. He reported improvement with massage therapy and hydrocodone. On 3/11/15, the physical examination documented left side muscle pulling with range of motion and tenderness in the left lumbar region. The plan of care included massage therapy for lumbar pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage therapy for lumbar pain:** Upheld

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

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

**Decision rationale:** Massage is recommended for time-limited use in subacute and chronic pain patients without underlying serious pathology and as an adjunct to a conditioning program that has both graded aerobic exercise and strengthening exercises; however, this is not the case for this chronic injury status post significant conservative physical therapy currently on an independent home exercise program without plan for formal physical therapy sessions. The patient has remained functionally unchanged. A short course may be appropriate during an acute flare-up; however, this has not been demonstrated nor are there any documented clinical change or functional improvement from treatment rendered previously. Without any new onset or documented plan for a concurrent active exercise program, criteria for massage therapy have not been established per MTUS Chronic Pain Guidelines. The Massage therapy for lumbar pain is not medically necessary and appropriate.