

<b>Case Number:</b>	CM14-0125412		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	01/08/1997
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 59 year old male with an injury date on 01/08/1997. Based on the 04/24/2014 progress report provided, the patient remained symptomatic. Straight leg raise was positive bilaterally. The patient is diagnosed with status post lumbar spine surgery (undated). Provider is requesting for massage therapy 2 times a week for 6 weeks for the lumbar spine. The utilization review determination being challenged is dated 07/16/2014. Requesting treater provided two treatment reports from 01/30/2014 and 04/24/2014. Both reports provided are illegible.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage therapy 2 times a week for 6 weeks, lumbar spine:** 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:** According to the 04/24/2014 report, the patient remained symptomatic. The treater is requesting for massage therapy 2 times a week for 6 weeks for the lumbar spine. MTUS guidelines regarding massage therapy states, "This treatment should be an adjunct to

other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results." Review of the reports show no recent therapy treatments. The treater does not explain the reason for therapy and does not discuss treatment history. The current request for 12 sessions of therapy also exceeds what is recommended by MTUS.