

<b>Case Number:</b>	CM14-0140682		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	01/27/2010
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 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:

This patient sustained an injury on 1/27/10 while employed by [REDACTED]. Request(s) under consideration include 6 Massage Therapy Sessions, Lumbar Spine, Thoracic Spine. Diagnoses include thoracic and lumbar pain. Conservative care has included physical therapy, chiropractic treatment, medication, and modified activity/rest. Report of 8/18/14 from the chiropractic provider noted the patient with ongoing pain symptoms. Treatment included massage therapy. QME report of 8/4/14 noted patient with thoracic and lumbar pain rated on average of 5/10 radiating to legs associated with numbness. Exam showed tenderness at spinous process of T10-L5; hypoesthesia of right L4 and bilateral S1 with normal DTRs and motor strength. Conservative care included medication, chiropractic treatment and home exercise program. It was opined the patient should continue with stretching and exercise along with non-prescription medication with chiropractic treatment for short course during acute flare-up. Report of 8/29/14 from the chiropractic provider noted unchanged diagnoses of thoracic pain; lumbar pain; SI joint pain. No exam provided with treatment plan awaiting for chiropractic visits, massage sessions and bilateral EMG/NCS. The request(s) for 6 Massage Therapy Sessions, Lumbar Spine, Thoracic Spine was non-certified on 8/25/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Massage Therapy Sessions, Lumbar Spine, Thoracic Spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This patient sustained an injury on 1/27/10 while employed by [REDACTED]. Request(s) under consideration include 6 Massage Therapy Sessions, Lumbar Spine, Thoracic Spine. Diagnoses include thoracic and lumbar pain. Conservative care has included physical therapy, chiropractic treatment, medication, and modified activity/rest. Report of 8/18/14 from the chiropractic provider noted the patient with ongoing pain symptoms. Treatment included massage therapy. QME report of 8/4/14 noted patient with thoracic and lumbar pain rated on average of 5/10 radiating to legs associated with numbness. Exam showed tenderness at spinous process of T10-L5; hypoesthesia of right L4 and bilateral S1 with normal DTRs and motor strength. Conservative care included medication, chiropractic treatment and home exercise program. It was opined the patient should continue with stretching and exercise along with non-prescription medication with chiropractic treatment for short course during acute flare-up. Report of 8/29/14 from the chiropractic provider noted unchanged diagnoses of thoracic pain; lumbar pain; SI joint pain. No exam provided with treatment plan waiting for chiropractic visits, massage sessions and bilateral EMG/NCS. The request(s) for 6 Massage Therapy Sessions, Lumbar Spine, Thoracic Spine was non-certified on 8/25/14. 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 2010 injury status post significant conservative therapy currently on an independent home exercise program without plan for formal PT. 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 6 Massage Therapy Sessions, Lumbar Spine, Thoracic Spine is not medically necessary.