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| <b>Case Number:</b>   | CM14-0144930 |                              |            |
| <b>Date Assigned:</b> | 09/12/2014   | <b>Date of Injury:</b>       | 03/04/1999 |
| <b>Decision Date:</b> | 12/24/2014   | <b>UR Denial Date:</b>       | 08/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/08/2014 |

### 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 Geriatrics and is licensed to practice in New York. 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 injured worker is a man with a date of injury of 3/4/99 and diagnoses of lumbar sprain/strain and lumbago. He was seen by his primary treating physician on 7/28/14 feeling better overall with decreased pain in his lower back. He had been able to walk longer and ride his motorcycle in a more comfortable manner and grocery shop. His objective exam showed that LOM, orthopedic tests and stiffness were the "same". He could flex and extend 5 degrees and rotate 5 degrees (increased) with thoracolumbar spine range of motion. He was being treated with massage therapy and chiropractic manipulation. The records indicate "patient states he is having an exacerbation of symptoms. Due to exacerbation of symptoms, requested treatment plan is 1x per 6 weeks for massage therapy" which is at issue in this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage therapy, CMT 1x week for 6 weeks for lower back:** Upheld

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

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

**Decision rationale:** Massage therapy is recommended as an adjunct to other recommended treatment and it should be limited to 4-6 visits in most cases. Massage is an effective adjunct treatment to relieve acute postoperative pain in patients who had major surgery, according to the results of a randomized controlled trial recently published in the Archives of Surgery. This injured worker has chronic pain and has not had any recent surgery. He is able to shop for groceries, walk and ride his motorcycle comfortably. The rationale for continued massage is not clear given the note initially states he is better and then later in the note, states that massage therapy was causing an exacerbation of his symptoms. The medical records do not support the medical necessity of massage therapy.