

<b>Case Number:</b>	CM14-0152435		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	11/11/2012
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 37-year-old male with an 11/11/12 date of injury. At the time (6/25/14) of the request for authorization for massage therapy quantity: 6, there is documentation of subjective (neck, mid, and low back pain) and objective (sensation is slightly decreased over his left lateral leg, sacroiliac joint is tender on the left, tenderness over the paraspinals, increased pain with flexion and extension, straight leg raise is positive on the right, and tenderness to palpation of cervical and thoracic paraspinal muscles) findings, current diagnoses (lumbar disc herniation L5-S1, facet arthritis of lumbar region, low back pain, lumbar radiculitis, lumbar degenerative disc disease, thoracic back pain, neck pain, thoracic disc pain, and cervical disc pain), and treatment to date (physical therapy).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage Therapy Quantity: 6:** Overturned

**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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Massage Therapy

**Decision rationale:** MTUS identifies documentation that massage therapy is being used as an adjunct to other recommended treatment (e.g. exercise), as criteria necessary to support the medical necessity of massage therapy. ODG identifies documentation of objective functional deficits, functional goals and massage used in conjunction with an exercise program, as criteria necessary to support the medical necessity of massage therapy. In addition, ODG recommends a limited course of physical therapy for patients with a diagnosis of lumbago not to exceed 18 visits over 6-8 weeks. Within the medical information available for review, there is documentation of diagnoses of lumbar disc herniation L5-S1, facet arthritis of lumbar region, low back pain, lumbar radiculitis, lumbar degenerative disc disease, thoracic back pain, neck pain, thoracic disc pain, and cervical disc pain. In addition, there is documentation that massage therapy is being used as an adjunct to other recommended treatment. Furthermore, there is documentation of objective functional deficits, functional goals and massage used in conjunction with an exercise program. Therefore, based on guidelines and a review of the evidence, the request for massage therapy quantity: 6 is medically necessary.