

<b>Case Number:</b>	CM14-0168255		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	02/27/2012
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Pain Medicine 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 is a patient with a date of injury of February 27, 2012. A utilization review determination dated October 13, 2014 recommends noncertification of 8 massage therapy sessions for the lumbar spine. A progress report dated September 8, 2014 indicates that the patient has received physical therapy and epidural injections and subsequently underwent a lumbar surgery in January 2013. Current complaints include low back pain which radiated into the lower extremities. A report dated August 27, 2014 includes subjective complaints of low back pain which radiates with numbness and tingling down the right leg. The patient has difficulty with activities of daily living and completing daily household chores. She reports "significant relief" from massage which last about a week. Physical examination findings revealed restricted lumbar flexion with decreased sensation and strength in the right lower extremity. Diagnoses revealed lumbar radiculopathy, status post lumbar fusion, and facet mediated pain. The treatment plan recommends medial branch blocks, functional capacity evaluation, chiropractic physiotherapy, medications, and massage therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) sessions of massage therapy for the lumbar 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 Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Massage Therapy

**Decision rationale:** Regarding the request for massage therapy, Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review, it appears the patient has undergone massage therapy previously, which was paid for out of pocket. If this previous massage therapy is to be considered a trial, then there would need to be documentation of specific objective functional improvement as a result of that trial. If the previous massage therapy is not to be considered a trial, then the currently requested number of therapy sessions exceeds the number recommended as a trial by guidelines. As such, the currently requested Eight (8) sessions of massage therapy for the lumbar spine are not medically necessary and appropriate.