

<b>Case Number:</b>	CM14-0176236		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	06/05/1990
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 & 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:

The injured worker is a 58 year old male who reported an injury on 06/05/1990 due to lifting. His diagnoses include chronic pain and somatic symptom disorder with pain. His past treatments include psychotherapy, physical therapy, manual therapy, and neuromuscular re-education. The diagnostic studies were not provided. His surgical history was noted to include lumbar fusion. On 09/20/2014, the primary care physician indicated the injured worker had bilateral lower extremity neuropathy, decreased lumbar spine range of motion following a lumbar fusion, and increased pain with activity resulting in a sedentary status that increased injured worker's risk for deep vein thrombosis and pulmonary embolus. Current medications were noted to include Elavil, Prozac, Abilify, Trazadone Buspar, Lamictal, Wellbutrin, and Zolpidem. The treatment plan was noted to include a reclining massage chair, TENS unit, an air massage bed, a sequential compression device, additional physical therapy. A request for a massage chair for the lumbar spine was received. However, the rationale for this treatment was not specified. A Request for Authorization form was submitted for review on 09/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of A Massage Chair for The Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Massage.

**Decision rationale:** The request for Purchase of A Massage Chair for The Lumbar Spine is not medically necessary. The Official Disability Guidelines do not recommend mechanical massage devices. The treatment plan included the use of a reclining massage chair to address his back and leg discomfort; however, the use of mechanical massage devices is not recommended, therefore, the request is not supported by the evidence based guidelines. As such, the request for Purchase of a Massage Chair for The Lumbar Spine is not medically necessary.