

<b>Case Number:</b>	CM14-0215767		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	11/29/2011
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 70 year old male was injured on 11/29/2011 while employed. He complained of lower back pain. On physician visit dated 11/21/2014, he was noted to a radiating pain from the lower back to the left leg. The injured worker was noted to take oral pain medication as needed. On examination of the lumbar spine, he was noted to have a decreased range of motion, tenderness over the paraspinals equally, and a positive Kemp's test bilaterally. His diagnoses were lumbar disc herniation at L4-L5 with spondylolisthesis and bilateral moderate neural foraminal narrowing, radiculitis of the left lower extremity and slight antalgic gait secondary to low back pain. Work status was noted as not currently working but could return to work on modified duty. Treatment plan was a consult with a spine surgeon, short course of physical therapy and massage to the lumbar spine two times a week for six weeks and a written prescription for Tramadol . The Utilization Review dated 12/09/2014 modified the request for Massage Therapy 2xWk x 6 Wks Lumbar Spine to Massage Therapy x4 visits Lumbar Spine. The reviewing physician referred to CA MTUS Guidelines: Low Back Complaints and Chronic Pain Medial Treatment Guidelines for recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage therapy twice a week for six weeks for the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy.

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on massage states this treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. A very small pilot study showed that massage can be at least as effective as standard medical care in chronic pain syndromes. Relative changes are equal, but tend to last longer and to generalize more into psychologic domains. The strongest evidence for benefits of massage is for stress and anxiety reduction, although research for pain control and management of other symptoms, including pain, is promising. The physician should feel comfortable discussing massage therapy with patients and be able to refer patients to a qualified massage therapist as appropriate. 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. Massage/myofascial release is a recommended treatment option, per the California MTUS as an adjunct to exercise. However, the requested amount of sessions is in excess of the guideline recommendations. Therefore, this request is not medically necessary.