

<b>Case Number:</b>	CM15-0011489		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	10/11/2005
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 38 year old female, who sustained an industrial injury on October 11, 2005. She has reported low back pain. The diagnoses have included low back pain, lumbar degenerative disc disease, lumbar radiculitis, muscle pain, and chronic pain syndrome. Treatment to date has included medications, physical therapy, and radiological imaging, acupuncture, alternating positions, heat, and ice applications. Currently, the IW complains of continued low back pain. A magnetic resonance imaging of the lumbar reveals disc protrusion with an impingement. The Utilization Review indicates additional physical therapy had been approved in July 2014. The records are unclear regarding any completed physical therapy sessions. On January 16, 2015, Utilization Review non-certified six sessions of massage therapy over six weeks for the low back, based on MTUS guidelines. On January 21, 2015, the injured worker submitted an application for IMR for review of six sessions of massage therapy over six weeks for the low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Manual Therapy 1/> regions, outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS 2008, (TOH, 2004)Massage Therapy Page(s): 60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care, Manual Therapy & Manipulation, Treatment, Pages 58-60.

**Decision rationale:** MTUS Guidelines supports manual therapy for musculoskeletal injury. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. From records review, it is unclear how many sessions have been completed. Per medicals reviewed, the patient has received a significant quantity of manual sessions for the chronic symptom complaints without demonstrated functional improvement from treatment already rendered. There is no report of acute flare-ups, red-flag conditions or new clinical findings to support continued treatment consistent with guidelines criteria. The six sessions of massage therapy over six weeks for the low back is not medically necessary and appropriate.