

<b>Case Number:</b>	CM15-0013190		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	09/04/2013
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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, Massachusetts  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 48 year old male who sustained a work related injury on September 4, 2013, after incurring low back injuries. The IW was working as a maintenance worker when he felt a pull and pain in his lumbar spine while bending. He was initially treated by [REDACTED] and declared permanent and stationary on 7/28/14. Diagnoses included degeneration of discs of the lumbar sacral spine, sacroilitis, myalgia and radiculopathy. Treatment included physical therapy, steroid injections, multiple medication trials, narcotics, anti-inflammatory medications, and work restrictions. Currently, in December, 2014, the injured worker complained of worsening lower back pain. A Magnetic Resonance Imaging (MRI) revealed lumbar sacral disc bulges causing bilateral narrowing. On January 14, 2015, a request for a service of Massage Therapy was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage therapy, 1 time a week for 10 weeks; 10 sessions:** Upheld

**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 rationale:** According to MTUS guidelines, massage therapy, "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 followup. 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." Considering that the prescribed treatment duration is beyond the recommended duration of initial therapy, the treatment is indicated for acute symptoms and not chronic pain which the patient currently experiences, and massage therapy is not recommended as a sole treatment modality, the current request does not appear to be medically necessary as described by the guidelines.