

<b>Case Number:</b>	CM15-0113455		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	12/07/2014
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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 48 year old female, who sustained an industrial injury on 12/07/2014. She reported slipping on a fresh mopped floor causing her to fall on her bottom and lower back along with twisting her left knee. The injured worker was diagnosed as having lumbar disc disorder, lumbar degenerative disc disease, low back pain, knee pain, and lumbar facet syndrome. Treatment and diagnostic studies to date has included magnetic resonance imaging of the left knee, cortisone injections to the left knee, x-rays, medication regimen, and out of pocket massage therapy. In a progress note dated 06/01/2015 the treating physician reports complaints of pain to the low back and bilateral knees along with a poor sleep quality. Examination reveals restricted range of motion to the lumbar spine, spasm and tenderness to the paravertebral muscles and spinous process on the lumbar four to lumbar five, positive lumbar facet loading, positive straight leg raise on the left, bilateral knee tenderness, and decreased sensation to the left lower extremity and the right calf. The injured worker's pain level was rated a 7 on a scale of 1 to 10 with use of her medication regimen and a 10 on a scale of 1 to 10 without use of her current medication regimen. The treating physician requested ten sessions of massage therapy noting that the injured worker has had massage therapy out of her own pocket and indicated a decrease of pain by 40% that lasts a few days after each session along with indicating that she does not want to take opiate pain medication and prefers conservative care for pain with massage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage therapy x10 sessions:** Upheld

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

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

**Decision rationale:** The patient presents with pain in low back radiating to lower extremities and bilateral knee rated 7/10 with and 10/10 without medications. The request is for Massage Therapy x10 sessions. The request for authorization is not provided. MRI of the lumbar spine, 12/30/14, shows degenerative disc changes noted at L3-4 through L5-6. Approximately 3 mm of L5-6 retrolisthesis is present. MRI of the right knee, 02/10/15, shows osteoarthritic changes of the patellofemoral joint. Degenerative changes posterior horn of the medial meniscus. MRI of the left knee, 12/31/14, shows Bucket Handle tear of the lateral meniscus with flipped meniscus sign and arthrofibrosis. Physical examination of the lumbar spine reveals range of motion is restricted. On palpation, paravertebral muscles, spasm and tenderness is noted on both sides. Spinous process tenderness is noted on L4 and L5. Lumbar facet loading is positive on both sides. Internal rotation of the femur resulted in deep buttocks pain. Straight leg raising test is positive on the left side. Examination of the knees reveals tenderness to palpation is noted over the medial joint line of the right knee. Tenderness to palpation is noted over the lateral joint line of the left knee. Posterior drawer and McMurray's tests are positive. Patient had 5 sessions of physical therapy that increased pain. Patient's medications include Celebrex, Lidoderm, Pennsaid, Advair, Combivent Respimat, Dilaudid and Famotidine. Per progress report dated 06/01/15, the patient is on modified duty. The MTUS Guidelines page 60 on massage therapy states that it is recommended as an option and as an adjunct with other recommended treatments such as exercise and should be limited to 4 to 6 visits. Massage is a passive intervention and treatment, dependence should be avoided. Per progress report dated, 06/01/15, treater's reason for the request is "She has been doing it out of pocket, and feels that it decreases her pain by 40% for a few days after each session. She does not want to take opiate pain meds if possible and would prefer conservative treatment for pain, such as massage." Given the patient's condition, a course of massage therapy would be indicated. However, the request for 10 sessions of massage therapy would exceed what is recommended by MTUS. Therefore, the request is not medically necessary.