

<b>Case Number:</b>	CM15-0118909		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	03/05/1999
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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 65-year-old female who reported an industrial injury on 3/5/1999. Her diagnoses, and/or impressions, are noted to include: pain in joint, pelvic region and thigh; chronic pain syndrome; difficulty walking; right, acute versus old, lumbosacral radiculopathy, status-post right lumbar laminectomy: failed; lumbago; and sciatica. No current electro diagnostic or imaging studies are noted. Her treatments are noted to include: a comprehensive complex psychiatric medical-legal evaluation on 3/29/2006; numerous injections; back surgeries with physical therapy; acupuncture; trans-cutaneous electrical nerve stimulation unit therapy; water therapy; medication management; physical therapy with multiple modality treatments (4/2015); surgery. The physical therapy progress notes of 4/6/2015 reported post-operative physical therapy to the lumbar spine which included multiple modality treatments to include massage therapy; and that the injured worker reported a reduction in symptoms with improvement in function of > 25% since initiating therapy. Objective findings were noted to include the identification of post-operative low-back movement coordination impairments, and the additional presence of chronic pain that would likely impact the frequency of interventions with her being at an 80-99% limitation level; but with an expected rehabilitation potential to be good at 20-30%. The Physical Medicine and Rehabilitation physician's letter, of 5/6/2015, was noted to concur with the physical therapists recommendation for massage/manual therapy, and adding, for the purpose of educating posture and body mechanics, restore strength-flexibility and endurance in functional activities/restoration, and to advance to a home exercise program.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Massage therapy, six sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy, page(s) 60.

**Decision rationale:** Massage is recommended for time-limited use in subacute and chronic pain patients without underlying serious pathology and as an adjunct to a conditioning program that has both graded aerobic exercise and strengthening exercises; however, this is not the case for this chronic injury status post significant conservative physical therapy educated on an independent home exercise program without plan for formal physical therapy sessions. The patient has remained functionally unchanged. A short course may be appropriate during an acute flare-up; however, this has not been demonstrated nor are there any documented clinical change or functional improvement from treatment rendered previously. Without any new onset or documented plan for a concurrent active exercise program, criteria for massage therapy have not been established per MTUS Chronic Pain Guidelines. The Massage therapy, six sessions is not medically necessary and appropriate.