

<b>Case Number:</b>	CM15-0124087		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	01/11/2011
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 (n) 59 year old male, who sustained an industrial injury on 1/11/11. He reported pain in his lower back and bilateral upper extremities. The injured worker was diagnosed as having lumbar and lumbosacral disc degeneration. Treatment to date has included a lumbar epidural injection on 3/31/15 with 80% pain relief in the right leg, a TENs unit and a lumbar MRI on 1/10/12 showing L3-L4 and L4-L5 facet degenerative disease. Current medications include Nabumetone-Relafen, Hydrocodone-APAP, Gabapentin and Salonpas patches. As of the PR2 dated 4/29/15, the injured worker reported being hospitalized for several days following last lumbar epidural injection. He is still having pain in his lower back which was not relieved with an epidural injection or a lumbar facet radiofrequency ablation. Objective findings include a positive straight leg raise test on the right and decreased sensation in the right L5 and S1 dermatomes. The treating physician requested massage therapy x 12 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage therapy for 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Massage therapy; Physical therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Massage therapy, p60.

**Decision rationale:** The claimant sustained a work injury in January 2011 and continues to be treated for bilateral upper extremity and low back pain. Treatments have included lumbar radiofrequency ablation without improvement. When seen, a lumbar epidural steroid injection four weeks before had provided an 80% decrease in leg pain. Physical examination findings included decreased shoulder abduction and ankle strength. There was decreased right lower extremity sensation with positive straight leg raising. There were lumbar spine muscle spasms with guarding. The claimant reported having previously received massage therapy with relief of axial low back pain with improvement in mobility, stiffness, and spasms. Authorization for 12 sessions of massage therapy was requested. Massage therapy is recommended as an option. It should be an adjunct to other recommended treatments such as exercise. Guidelines recommend that it should be limited to 4-6 visits in most cases. In this case the number of treatment sessions is in excess of guideline recommendations and there is no adjunctive exercise treatment planned. The request was not medically necessary.