

<b>Case Number:</b>	CM15-0174320		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	05/13/2011
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: Emergency 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 66 year old female who sustained an industrial injury on 05-13-11. A review of the medical records indicates the injured worker is undergoing treatment for low back strain. Medical records (07-30-15) indicate the injured worker reports 80-90% relief of her pain with Norco during the day and 80% relief of her pain at night with Morphine. The physical exam (07-30-15) reveals paraspinal muscle tenderness with trigger point palpable in the left trapezius, and mild diffuse tenderness of the paralumbar region. Treatment has included medications, massage therapy, and counseling. The original utilization review (08-17-15) non-certified 8 massage therapy sessions to the lumbar and cervical spines and 12 counseling sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage therapy, lumbar and cervical spine per 7/30/15 #8 (additional): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

**Decision rationale:** The requested massage therapy, lumbar and cervical spine per 7/30/15 #8 (additional), is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 60, Massage therapy, recommends massage therapy as an option and "This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases." The injured worker has low back strain. Medical records (07-30-15) indicate the injured worker reports 80-90% relief of her pain with Norco during the day and 80% relief of her pain at night with Morphine. The physical exam (07-30-15) reveals paraspinal muscle tenderness with trigger point palpable in the left trapezius, and mild diffuse tenderness of the paralumbar region. The treating physician has not documented the injured worker's participation in a dynamic home exercise program or other programs involving aerobic and strengthening exercise. The criteria noted above not having been met, massage therapy, lumbar and cervical spine per 7/30/15 #8 (additional) is not medically necessary.

**Counseling 12 visits per 7/30/15 order:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Psychotherapy Guidelines.

**Decision rationale:** The requested counseling 12 visits per 7/30/15 order, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Psychological Treatment, pages 101-102 recommend psych treatment for specifically identified chronic pain patients, and Official Disability Guidelines (ODG), Pain Chapter; Psychotherapy Guidelines recommend continued psychotherapy beyond a six-visit trial with documented derived functional improvement. The injured worker has low back strain. Medical records (07-30-15) indicate the injured worker reports 80-90% relief of her pain with Norco during the day and 80% relief of her pain at night with Morphine. The physical exam (07-30-15) reveals paraspinal muscle tenderness with trigger point palpable in the left trapezius, and mild diffuse tenderness of the paralumbar region. The treating physician has not documented objective evidence of derived functional improvement from completed psychotherapy sessions, nor the medical necessity for a current trial of counseling beyond a trial of six sessions and then re-evaluation. The criteria noted above not having been met, counseling 12 visits per 7/30/15 order is not medically necessary.