

<b>Case Number:</b>	CM15-0064190		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	06/16/1999
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: Florida

Certification(s)/Specialty: Family Practice

### 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 58 year old male, who sustained an industrial injury on 6/16/99. The injured worker has complaints of low back pain that radiates to the bilateral buttocks. He reports having radiating numbness down the lateral aspects of the bilateral lower extremities to toes. The diagnoses have included lumbar radiculopathy; lumbar spinal stenosis; lumbar degenerative disc disease; lumbar spondylosis without myelopathy and lumbago. Treatment to date has included acupuncture with some relief of pain; physical therapy which provided more strengthening and flexibility; Tylenol #3 for pain; magnetic resonance imaging (MRI) of the lumbar spine; urine drug test is consistent; gabapentin has been discontinued and norco was tried in the past. The request was for additional massage therapy (X16) for low back; acetaminophen with codeine 300/30mg #90 and follow-up in 1 month with pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional massage therapy (x16) for low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation / massage / physical therapy Page(s): 58.

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

**Decision rationale:** MTUS guidelines state regarding massage therapy, "Recommended as an option as indicated below. 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. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment." This request is for 16 massage therapy sessions. Not only does this exceed guideline recommendations, there is controversy regarding actual benefit of massage therapy, especially in the long term. This request is not considered medically necessary.

**Follow-up in 1 month with pain management:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specialty Consultations Page(s): occupational practice medicine guidelines, page(s) 2-3.

**Decision rationale:** MTUS guidelines do not specifically address requests for follow up visits, but MTUS does state regarding specialty consultations that they are "indicated in cases where the health care provider has a lack of training in managing the specific entity, is uncertain about the diagnosis or treatment plan, or red flags are present." In this case, utilization review did not approve a request for a pain management follow up visit in 1 month since the patient's Tylenol #3 script has refills. Utilization review states that "there does not appear to be any active management that would require monthly visits." After review of the provided documentation, this rationale appears appropriate. Likewise, this request is not considered medically necessary.