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| <b>Case Number:</b>   | CM14-0142599 |                              |            |
| <b>Date Assigned:</b> | 09/10/2014   | <b>Date of Injury:</b>       | 10/28/2000 |
| <b>Decision Date:</b> | 10/07/2014   | <b>UR Denial Date:</b>       | 08/27/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/03/2014 |

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 65 year old male with an injury date on 10/28/2000. Based on the 08/12/2014 progress report provided by [REDACTED] the patient complains of chronic low back pain. Patient states that he continues to use a TENS unit which has been helpful. He also report that massage with cupping in the past has been beneficial. The progress reports do not discuss any positive exam findings. The diagnoses include the following: 1. Lumbar Degenerative Disc Disease, 2. Lumbar Paraspinal Spasm, 3. Lumbar Radiculitis, 4. Degeneration of lumbar or lumbosacral disc. [REDACTED] is requesting for massage therapy with cupping for twelve sessions, in treatment of the lumbar spine quantity: 12. The utilization review determination being challenged is dated 08/27/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/12/2014 to 08/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage therapy with cupping for twelve sessions, in treatment of the lumbar spine**  
**Quantity: 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Massage therapy Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

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

**Decision rationale:** According to the 08/12/2014 report by [REDACTED], this patient presents with chronic low back pain. The treater is requesting for massage therapy with cupping for twelve sessions, in treatment of the lumbar spine quantity: 12. This request was modified to 6 massage therapy, in treatment of the lumbar spine by the 08/27/14 utilization review. MTUS guidelines regarding massage therapy states, "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." Review of the reports show there are no discussions regarding specific functional benefits and what additional goals are to be reached. The 04/21/2014 physical therapy report states that the patient did not respond well with PT sessions and discharge due to lack of progress. The current request for 12 sessions of therapy also exceeds what is recommended by MTUS. Recommendation is for denial.