

<b>Case Number:</b>	CM15-0105657		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	10/24/2013
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: North Carolina

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 34-year-old male who sustained an injury on 10-24-13 resulted when a 94-pound cement bag got jammed. When he tried to lift and carry the bag out, he started having sharp pain in the lower lumbar spine. Diagnostic tests included X-rays and an MRI. The Qualified Medical Evaluation dated 3-27-15 reports the IW has lower back pain. Treatment has included physical therapy, chiropractic, and medication. Medications at this visit include Ibuprofen and Tramadol on occasional basis. Physical examination lumbar spine range of motion is mildly restricted in extension and side bending to about 25 degrees; deep tendon reflexes are 1+ right upper extremity, knee jerks and ankle jerks negative and equivocal on both sides. Diagnoses are lumbar sprain, strain; myofascial pain syndrome; muscle spasm. The recommendation was to remain off work and another course of physical therapy. The MRI results were not available at this examination. The examination on 4-27-15 reports he has low back pain and he was at the exam for ultrasound massage treatment; gait was normal and he felt comfortable after the treatment. He was to return to modified work. Current requested treatments ultrasound massage therapy, unspecified frequency, duration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound massage therapy, unspecified frequency/duration:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy.

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on massage states: 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. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. (Hasson, 2004) A very small pilot study showed that massage can be at least as effective as standard medical care in chronic pain syndromes. Relative changes are equal, but tend to last longer and to generalize more into psychologic domains. (Walach, 2003) The strongest evidence for benefits of massage is for stress and anxiety reduction, although research for pain control and management of other symptoms, including pain, is promising. The physician should feel comfortable discussing massage therapy with patients and be able to refer patients to a qualified massage therapist as appropriate. (Corbin 2005) Massage is an effective adjunct treatment to relieve acute postoperative pain in patients who had major surgery, according to the results of a randomized controlled trial recently published in the Archives of Surgery. (Mitchinson, 2007) Massage/myofascial release is a recommended treatment option per the California MTUS as an adjunct to exercise. However, the requested amount of session is in excess of the guideline recommendations. Therefore, the request is not medically necessary.