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An Independent Review Organization
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Description of the service or services in dispute:

6 Sessions of Massage Therapy for the Low Back

Description of the qualifications for each physician or other health care provider who reviewed the decision:

Board Certified Anesthesiology

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- Overturned (Disagree)
- Upheld (Agree)
- Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

Ms. XXXX is a XX-year-old female who was diagnosed with sprain of ligaments of lumbar spine, initial encounter. Ms. XXXX was evaluated by XXXX, MD on XXXX. The examination revealed poor toe walking, poor heel walking, diminished deep tendon reflexes in the lower extremities, bilaterally positive straight leg raise, positive Waddell's sign and facet pain on spine rotation/extension/ flexion/ palpation of the lumbar spine. On XXXX, spine range of motion was improved. Per visit note dated XXXX, she was able to sit for less than 30 minutes and walk for less than 30 minutes. Pain level at the worst was 4-6/10. Per note, there were no significant changes in the physical examination from the prior office visit.

Treatment to date consisted of physical therapy, medications (Naprosyn, Omeprazole, Ibuprofen and Ambien), epidural steroid injection's and 20 sessions of chronic pain management.

On XXXX, an MRI of the lumbar spine showed small central disc herniation at L1-L2 with mild mass-effect; small right lateral disc herniation at L5-S1 with moderate right neural foraminal narrowing; mild left neural foraminal narrowing at L5-S1 due to annular bulging and facet disease; and moderate bilateral neural foraminal narrowing at L4-L5 due to annular bulging and facet.

Per a utilization review determination letter dated XXXX, by XXXX, MD (Physical Medicine) the request for massage therapy (six sessions) was not certified as the Official Disability Guidelines would support an initial six sessions of massage therapy. The patient had undergone an unspecified amount of previous massage therapy; therefore, the request for six sessions would exceed the Guidelines. Also, the patient had undergone chronic pain management and physical therapy and would be well versed in a home exercise program. The treating physician had not described the clinical necessity for more formal

massage therapy over a self-directed home exercise program for the XXXX injury. The request for massage therapy, times six sessions was not certified.

Per a utilization review determination letter dated XXXX, the request for massage therapy (six sessions) was not certified by XXXX, M.D. (Orthopedic Surgery). The request was previously noncertified by Dr. XXXX on XXXX, as the current request exceeded the recommended guidelines. No additional documentation was submitted to support the request. According to the guidelines, massage therapy would be recommended up to six visits over two weeks. It was noted that the patient had completed unspecified amounts of massage therapy and the current request would exceed the recommended guidelines. Also, it was noted on most recent evaluation that the patient was improving overall. It was also noted that the patient had completed previous physical therapy as well as chronic pain management and there was no medical reason given as to why the claimant could not continue with active participation in a home exercise program to continue to work on strengthening and improved functionality. The request for massage therapy, times six sessions was not certified.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

This reviewer agrees with decision to deny the requested massage therapy. Patient is already showing signs of improvement. During PT, notes states on XXXX that patient was instructed in home exercise program. There is no evidence of an acute strain/sprain that would require different intervention.

In a review dated XXXX, Dr. XXXX, MD correctly noted that the patient had undergone an unspecified amount of previous massage therapy and would be well versed in a home exercise program.

In a review dated XXXX, Dr. XXXX noted that the patient had completed previous physical therapy and there was no medical reason given as to why the claimant could not continue with active participation in a home exercise program to continue to work on strengthening and improved functionality.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine
- AHRQ-Agency for Healthcare Research and Quality Guidelines DWC-Division of Workers
- Compensation Policies and Guidelines European Guidelines for Management of Chronic Low Back Pain
- Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
 - DG-Official Disability Guidelines and Treatment Guidelines
Low Back - Lumbar and Thoracic (Acute and Chronic) (updated 12/28/17)
Massage

Recommended as an option in conjunction with recommended exercise programs. Manual massage administered by professional providers has shown some proven efficacy in the treatment of acute low back symptoms, based on quality studies. Mechanical massage devices are not recommended. (Furlan-Cochrane, 2002) (Werners, 1999) (Cherkin, 2001) (Cherkin-Annals, 2003) (Sherman, 2004)

Criteria for Massage Therapy:

Medical necessity: Outpatient rehabilitation therapy services (such as massage therapy) are recommended when such services are medically necessary to restore and improve a bodily or cognitive function that was previously normal but was lost as a result of injury, illness or surgery. Massage therapy is covered only when it is diagnosed and prescribed by a physician or referring provider (such as a Chiropractor) to treat a covered medical condition. (CMS, 2016)

Number of visits: ODG's recommended frequency and duration of treatment for massage therapy are the same as Manipulation: Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The referring provider should evaluate and determine the success of the trial.

A recent meta-analysis concluded that massage might be beneficial for patients with subacute and chronic non-specific low-back pain, especially when combined with exercises and education. When massage was compared to an inert therapy (sham treatment), massage was superior for pain and function on both short and long-term follow-ups. When massage was compared to other active treatments, massage was similar to exercises, and massage was superior to joint mobilization, relaxation therapy, physical therapy, acupuncture and self-care education. Reflexology on the feet had no effect on pain and functioning. The beneficial effects of massage in patients with chronic low-back pain lasted at least one year after the end of the treatment. In comparing different techniques of massage, acupuncture massage produced better results than classic (Swedish) massage and Thai massage produced similar results to classic (Swedish) massage. (Furlan-Cochrane, 2008) See also Dry hydrotherapy (hydromassage, aquamassage, water massage).

Recent research: Massage therapy may effectively reduce or relieve chronic back pain for 6 months or more, according to a high-quality RCT that also compared relaxation massage with structural massage, which focuses on correcting soft-tissue abnormalities. The study found that patients receiving any massage compared to usual care were twice as likely to report significant improvements in both pain and function, and, after 10 weeks, approximately two-thirds of those receiving massage improved substantially, versus only approximately one-third in the usual care group, but no clinically meaningful difference between relaxation and structural massage was observed in terms of relieving disability or symptoms. (Cherkin, 2011) According to an AHRQ comparative effectiveness study, for chronic low back pain, effective therapies include multidisciplinary rehabilitation, acupuncture, exercise, psychological therapies, massage, yoga, tai chi, low-level laser therapy, and spinal manipulation. (Chou, 2016)

- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- Texas TACADA Guidelines
- IMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Medical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)