

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/11/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/23/2013
Date of Injury:	4/15/2011
IMR Application Received:	8/2/2013
MAXIMUS Case Number:	CM13-0006199

- 1) MAXIMUS Federal Services, Inc. has determined the request for **twelve sessions of massage therapy for the neck and low back** is not medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/29/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **twelve sessions of massage therapy for the neck and low back is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The patient is a 58 year old female with a date of injury of 4/15/2011. According to the progress report dated 8/19/2013 by Dr. [REDACTED], MD, the patient complained of neck and lower back pain. The report stated that the pain level, pain location, and activity level has remained unchanged since last visit. Her current medication consisted of Zanaflex, Lidoderm, Vicodin, Losartan Potassium, and Metoprolol Succ Er. Significant objective findings included decrease range of motion in the lumbar and cervical spine limited by pain, cervical spine and paracervical muscle tenderness, and bilateral lumbar paravertebral muscle tenderness. Spurling's maneuver causes neck pain with no radicular symptoms. Lumbar facet loading and Babinski's sign were negative bilaterally. Motor and sensory exams were normal. Ankle reflexes were 1/4 on the right and 2/4 on the left. Patellar reflexes were 2/4 bilaterally. Upper extremity reflexes were 2/4 bilaterally. The patient was diagnosed with cervical pain, migraine unspecified, backache unspecified spinal, and unspecified genitourinary symptoms. The patient reached maximum medical improvement on 10/13/2011 per Dr. [REDACTED] MD. Her treatment plan consisted of continuation of her medications, continue home exercise program, and has been authorized for 6 sessions of massage therapy.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for twelve sessions of massage therapy for the neck and low back:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the California MTUS, Massage Therapy.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Massage therapy, page 60, which is part of MTUS.

Rationale for the Decision:

The Chronic Pain Guidelines indicate that massage therapy is recommended as an option for chronic pain and that it should be an adjunct to other recommended treatment. Massage therapy should be limited to 4-6 visits in most cases. The medical records provided for review indicates the employee's pain and location remained unchanged since the last visit. The employee's treatment plan consisted of continuation of the medications, continued home exercise program, and the authorization of six (6) sessions of massage therapy. The request for 12 massage therapy sessions for the neck and low back exceeds the guidelines recommendation. **The request for 12 massage therapy sessions is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.