

Case Number:	CM13-0002500		
Date Assigned:	12/27/2013	Date of Injury:	05/01/2001
Decision Date:	03/05/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	07/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management has a subspecialty in Disability Evaluation and is licensed to practice in California, Washington DC, Florida and Maryland. 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 physician 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 69-year-old male who was injured on May 1, 2001 while working for the [REDACTED]. The mechanism of injury is not noted. The accepted injury is to the lower back area, right lower leg, right upper leg and psyche. The current diagnoses are, chronic low back pain with multi level degenerative disc changes. Treatment has included acupuncture and medications. In the most recent report on file, dated July 2, 2013, [REDACTED] notes: Subjective: The patient continues to have low back pain. He has pain in the right lower extremity he would like to have massaged. He finds that the massage he has had in the past significantly helped his low back pain. Acupuncture has been helpful in the past as well. Objective: he is tender in the lower lumbar spine. He is significantly limited in all fields of range of motion. The issue at hand is the request for 8 massage therapy sessions, which was denied for lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

requested treatment for Massage Therapy Qty 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

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

Decision rationale: The provider has requested 8 Massage therapy sessions this is not consistent with the recommended guidelines. According to the Chronic Pain Medical Treatment Guidelines, massage therapy is recommended as 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 that should be avoided. Furthermore, there is no documentation of ongoing exercise program. Therefore the request for 8 sessions of Massage therapy is not medically necessary.