

Case Number:	CM13-0009120		
Date Assigned:	09/16/2013	Date of Injury:	09/01/2009
Decision Date:	04/24/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/08/2013

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 Occupational Medicine 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:

According to the records made available for review, this is a 59-year-old male with a 9/1/09 date of injury. At the time of request for authorization for 10 massage therapy visits for the lumbar spine, once a week for 10 weeks as an outpatient, there is documentation of subjective (persistent low back pain) and objective (tenderness in the lumbar musculature) findings; current diagnoses (low back pain); and treatment to date (physical therapy, home exercises, and medications). It cannot be determined if this is a request for initial or additional massage therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 MASSAGE THERAPY VISITS 1 TIMES 10 FOR THE LUMBAR SPINE ONCE A WEEK FOR 10 WEEKS AS AN OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MESSAGE THERAPY Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Massage Therapy.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that massage therapy is being used as an adjunct to other recommended treatment

(e.g. exercise), as criteria necessary to support the medical necessity of massage therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of objective functional deficits, functional goals and massage used in conjunction with an exercise program, as criteria necessary to support the medical necessity of massage therapy. In addition, ODG recommends a limited course of physical therapy for patients with a diagnosis of lumbago not to exceed 18 visits over 6-8 weeks. Within the medical information available for review, there is documentation of a diagnosis of low back pain. However, given the documentation of a 9/1/09 date of injury, where there would have been an opportunity to have had previous massage therapy, it is not clear if this is an initial or additional request for massage therapy. There may have been massage therapy provided to date which already exceeded guidelines regarding a time-limited plan and then there is the necessity of documenting functional improvement. Therefore, based on guidelines and a review of the evidence, the request for 10 massage therapy visits, 1 times 10, for the lumbar spine once a week for 10 weeks as an outpatient is not medically necessary.