

Case Number:	CM13-0015980		
Date Assigned:	11/27/2013	Date of Injury:	06/05/2008
Decision Date:	02/03/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/23/2013

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 Family Practice and is licensed to practice in Texas. 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 58-year-old female with a reported date of injury on 06/05/2008. The patient presented with low back pain with radiation into the right buttocks, shooting pain down the right leg, improving range of motion, and mild leg radiculopathies. The patient had 5/5 strength in the lower extremities, range of motion of the lumbar spine was slightly restricted, and the patient's gait and station were unremarkable. The patient had diagnoses including status post lumbar revision surgery with good solid bony fusion. The physician's treatment plan included a request for Massage Therapy 2x week x 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy 2x week x 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299.

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

Decision rationale: The California MTUS guidelines note massage therapy 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. 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. Within the provided documentation, the requesting physician did not include adequate documentation of significant deficits needing to be addressed with massage therapy. Within the provided documentation, it was unclear if massage therapy would be used in conjunction with an active treatment modality. Additionally, the request for 12 sessions of massage therapy would exceed the Guideline recommendations. Therefore, the request for Massage Therapy 2x week x 6 weeks is neither medically necessary nor appropriate.