

Case Number:	CM13-0016854		
Date Assigned:	06/06/2014	Date of Injury:	06/26/2006
Decision Date:	07/11/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/26/2013

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 Physical Medicine and Rehabilitation, and Pain Medicine, 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 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:

The injured worker is a 34 year old male whose date of injury is 6/26/06. The mechanism of injury is described as heavy lifting. Physical examination on 7/19/13 indicates deep tendon reflexes are 1+ bilaterally. Lumbar range of motion is extension 10, flexion 40, and bilateral lateral bending 15 degrees. Straight leg raising is positive on the left. Lumbar spine motor strength is normal. An office visit note dated 7/29/13 indicates that diagnoses are lumbosacral disc degeneration, thoracic disc displacement, lumbar spinal stenosis, and lumbar disc displacement without myelopathy. It is noted that chiropractic treatment and massage therapy have helped to relieve flare-ups of pain in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 SESSIONS OF MASSAGE THERAPY FOR THE LOW BACK (BETWEEN 7/25/13 AND 9/8/13): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The submitted records indicate that the injured worker was authorized for four sessions of massage therapy on 7/30/13. The injured worker's objective functional response to these approved sessions is not documented to establish efficacy of treatment and support six additional sessions. The California MTUS guidelines note that massage therapy should be limited to 4-6 visits in most cases. As such, the request is not medically necessary.