

Case Number:	CM13-0018428		
Date Assigned:	12/11/2013	Date of Injury:	04/24/1997
Decision Date:	04/03/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/29/2013

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 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 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:

This is a 62-year-old female patient with a reported injury on 04/24/1997. The request is for 6 massage therapy sessions for the cervical spine; however, primary diagnosis is disorders of the sacrum. On 05/01/2013, the patient presented for an office visit and reported constant severe pain to the low back radiating to the left hip and legs and the pain was rated 7/10. The patient reported taking aspirin 300 mg for pain control. Objective findings were that the patient's gait was steady; however, she walked with a limp and range of motion to the low back was limited and the patient reportedly had flare ups of low back pain. Diagnosis then was chronic lumbosacral strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) MASSAGE THERAPY SESSIONS FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. The request for the 6 massage therapy sessions for the cervical spine is non-certified. In an [REDACTED] letter dated 08/01/2013, the

patient had undergone 20 physical therapy sessions and an unspecified number of aquatic therapy sessions. The California MTUS Guidelines do recommend massage therapy as an option and an adjunct to other recommended treatment such as exercise and should be limited to 4 to 6 visits. Given that the injury occurred in 1997 and in the documentation provided for review, information to support making a determination was not given as well as the patient receiving prior physical therapy, the request is non-certified.