MAXIMUS Federal Services

Case Number:	CM13-0019767		
Date Assigned:	10/11/2013	Date of Injury:	05/12/2003
Decision Date:	01/31/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/03/2013

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 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 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 applicant filed a claim for chronic low back pain reportedly associated with an industrial injury of May 12, 2003. Thus far, the applicant has been treated with the following: analgesic medications; unspecified amounts of massage therapy; adjuvant medications; attorney representation; unspecified amounts of myofascial release therapy; multiple prior lumbar spine surgery; and extensive periods of time off of work. The applicant has had three recent treatments. The applicant is asked to continue Vicodin and Neurontin for pain relief while remaining off of work. Multiple earlier progress notes are reviewed, including an earlier handwritten note of October 16, 2012, in which it is suggested that the applicant was receiving myofascial therapy/massage therapy at that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deep tissue massage (6 sessions): 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: Based on the limited information on file, the applicant has seemingly had prior massage therapy and/or myofascial therapy treatment well in excess of the four to six session course recommended in the Chronic Medical Treatment Guidelines. As further noted in the guidelines, massage therapy is an adjunct therapy. It is not a primary treatment. Massage should be limited to four to six treatments and should only be employed to the extent needed to facilitate otherwise recommended treatment, such as exercise. In this case, it is further noted that the applicant has had prior unspecified amounts of massage therapy over the life of the claim and has failed to gain any lasting benefit or functional improvement. The applicant has failed to return to work. The applicant has failed to effect any improvement in terms of work status, work restrictions and/or reduction in dependence on medical treatment. The applicant's continued reliance on Vicodin and Neurontin implies a lack of functional improvement. Therefore, the request for 6 additional deep tissue massage sessions is not medically necessary or appropriate.