

Case Number:	CM13-0023373		
Date Assigned:	07/07/2014	Date of Injury:	12/17/2001
Decision Date:	08/01/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	07/18/2013

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:

The patient is a 62 year old female with a date of injury on 12/17/2001. Subsequent to the injury the patient has developed persistent low back pain and has generally related a visual analogue scale scale of 1-2/10. She has received episodic massage/myofascial release therapy for several years. The massage therapy is report to be beneficial with her home functioning. No objective independent measures are reported. According the records reviewed the patient has not returned to work and/or maintained a work status. She is not considered a surgical candidate and has trialed acupuncture and chiropractic with little improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapy, Other Massage: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy chapter Page(s): 59-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines support up to 6 sessions of massage/myofascial release therapy with any extensions based on an exceptional basis. The same guidelines indicate what an exceptional basis is for repeat long term passive

modalities. In the section on manual therapies it notes that elective/maintenance care is not warranted and long term sessions (1-2 sessions every 4-6 months) would be reasonable if function is maintained as evidenced by support of a continued work status. Per the MTUS Guidelines, the requested maintenance massage is not medically necessary under the reported circumstances.