

Case Number:	CM13-0028018		
Date Assigned:	06/06/2014	Date of Injury:	12/20/1980
Decision Date:	08/06/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/23/2013

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 claimant was injured on 12/20/80. Massage therapy is under review. He has had repeat surgeries on his cervical spine and is dependent on multiple opioid medications at extremely high doses. He also complains of back pain and knee pain. On 10/15/13, he had low back pain and massage therapy was recommended for six visits. On 05/21/14, he saw [REDACTED] for chronic low back pain. It was located at the lumbar and sacral spine with pain and numbness radiating down the entire left side of his body causing severe excruciating pain. He has daily pain with more frequent episodes occurring at night. It was incapacitating. He was tender at the cervical, thoracic, and lumbar spines and had positive bilateral straight leg raise tests. He had a magnetic resonance imaging (MRI) the week before and was waiting for the results. Recommendations include surgical correction of the nerve impingement or a pain pump infusion. His pain was well controlled on regular dosing of oral hydrocodone/APAP. Massage therapy was ordered on 08/15/13. He stated he had been more physically active but he still had neck and back pain. There was no examination of his back. On 05/27/13, a functional restoration program was recommended. He has been seeing [REDACTED] approximately monthly. On 04/28/14, he was on multiple medications including Hydrocodone, Nexium, Gabapentin, Lidoderm patch, and Lansoprazole. On 05/21/14, he was seen again and surgery and a pain pump were under consideration. He had tenderness of the thoracic and lumbar spines with positive straight leg raise tests. On 06/18/14, he was doing better with quality of life with the hydrocodone. He wanted to get his back pain evaluated by a private insurance company. He still had incapacitating pain. He remained on multiple medications. Physical examination was the same and he also had an asymmetric gait. None of the notes specifically mentions an indication for massage therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MASSAGE THERAPY FOR THE LUMBAR SPINE 2 X 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 94.

Decision rationale: The history and documentation do not objectively support the request for six visits of massage therapy. The MTUS state massage therapy may be recommended as an option. 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. 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. In this case, there are no physical findings that appear to warrant massage therapy. There is no description of spasm or muscle tightness. It is not evident that the claimant has been involved in an ongoing exercise program that is to be continued in conjunction with massage therapy, which is not a stand-alone treatment measure. There is no indication that massage therapy is likely to significantly change the claimant's course of treatment or prevent the surgery or use of a pain pump, which are being considered. The medical necessity of massage therapy for six visits has not been clearly demonstrated.