

Case Number:	CM13-0029646		
Date Assigned:	11/01/2013	Date of Injury:	03/31/2013
Decision Date:	08/20/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/27/2013

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 applicant is a represented [REDACTED] employee who has filed a claim for knee and leg pain reportedly associated with an industrial injury of March 31, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and eight sessions of acupuncture, per the claims administrator. In a Utilization Review Report dated September 12, 2013, the claims administrator approved a request for podiatry consultation, citing non-MTUS ODG Guidelines. Six sessions of massage therapy were denied. Somewhat incongruously, the claims administrator cited the MTUS Chronic Pain Medical Treatment Guidelines on manipulative therapy. The applicant's attorney subsequently appealed. A November 5, 2013 progress note is notable for comments that the applicant presented with persistent complaints of low back pain. The applicant was working fulltime a [REDACTED], it was acknowledged. The applicant also had issues with knee pain, foot pain, heel pain, low back pain, and left knee pain, it was stated. The applicant was using Ultracet for pain relief. The applicant was ambulating without any difficulty, it was noted, despite having multiple palpable tender points. Six sessions of physical therapy were sought while Tylenol and Ultracet were renewed. Deep tissue trigger point massage was also endorsed. In another section of the report, it was stated that the applicant was working for safe way. The attending provider complaint that the earlier request for myofascial therapy/massage therapy had been denied. It appears that six sessions of deep tissue massage/myofascial therapy were ordered on a trial basis on August 20, 2013, for the principal diagnoses of low back pain and myofascial pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 SESSIONS OF MYOFASCIAL THERAPY/DEEP TISSUE MASSAGE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 12, page 300 acknowledges that physical modalities such as massage have no proven efficacy in treating acute low back pain symptoms, ACOEM qualifies recommendation by noting that the massage may have some value in short-term reviews in conjunction with a program of functional restoration. In this case, the attending provider did indicate that the massage therapy in question was being intended along with a program of functional restoration to include home exercise, physical therapy, and return to work. The attending provider posited that the applicant had some myofascial components or symptoms for which a trail of massage therapy was endorsed. This was indicated, appropriate, and at least tepidly endorsed by ACOEM. Therefore, the request is medically necessary.