MAXIMUS Federal Services

Case Number:	CM13-0030499		
Date Assigned:	04/25/2014	Date of Injury:	09/26/2000
Decision Date:	06/02/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/26/2013

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 Medicine and is licensed to practice in New Jersey. 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 worker is a 62 year old male who injured his low back, neck, shoulders, legs, wrists, and hands on 9/26/00, which has since been causing the worker chronic pain. The worker was diagnosed with lumbar degenerative disk disease, L5-S1, lumbar radiculopathy, cervical spondylosis with mild cervical spinal stenosis with intermittent cervical radiculopathy, bilateral shoulder pain with probable impingement syndrome, bilateral hand pain, and myofacial pain. During the course of his pain, the worker was treated with oral medications, epidural injections, TENS unit use, topical analgesics, home exercises, massage therapy, and physical therapy. On 8/15/13 his treating physician again noted that the worker continued to have lumbar pain radiating to both legs as well as bilateral shoulder and arm pain with neck pain, for which the treating physician refilled his medications and recommended massage therapy, which the worker has had in the past to treat his pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MASSAGE THERAPY (QUANTITY 6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MASSAGE THERAPY Page(s): 60.

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

Decision rationale: The MTUS Guidelines for Chronic Pain state that massage therapy is an option as long as it is used as an adjunct to other recommended treatments such as exercise, and should be limited to 4-6 visits in most cases. As massage therapy is a passive intervention, treatment dependence should be avoided. In the case of this worker who has used massage therapy before for his pain, the treating physician had requested 6 more massage therapy treatments over 6 weeks, but no mention of the worker's exercise regimen (type of exercise, frequency, duration, etc.) was documented, according to the notes provided leading up to and near the time of the request, and so there is no evidence that the worker is exercising regularly as part of first-line therapy for pain. Without documentation of active physical intervention (as opposed to passive), there is no justification for adding on massage therapy, and therefore massage therapy (quantaty 6) is not medically necessary.