

Case Number:	CM13-0042096		
Date Assigned:	12/27/2013	Date of Injury:	08/29/2001
Decision Date:	02/27/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/16/2013

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 is a represented [REDACTED] employee who has filed a claim for chronic shoulder, wrist, knee, foot, low back, and neck pain associated with an industrial injury sustained on August 29, 2001. Thus far, the applicant has been treated with analgesic medications, topical pain patches, thermal wraps, orthotics, massage therapy, and work restrictions; a note dated June 19, 2013 suggests the applicant has returned to work. A September 19, 2013 progress note notes that the applicant has multifocal pain complaints about the neck, shoulder, mid-back, low back, and knee. The applicant is on Oxycodone, heat wraps, Relafen, Flector patches, Flexeril, Robaxin, Nexium, Valium, hydrochlorothiazide, Altace, Desyrel, and Voltaren gel. Multiple areas of tenderness are noted. The applicant is asked to obtain a seat insert and additional massage therapy. A 12-pound lifting limitation is endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for six sessions of deep tissue massage/mobilization: Upheld

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

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

Decision rationale: The applicant has had prior unspecified amounts of massage therapy over the life of the claim. As noted in the MTUS Chronic Pain Medical Treatment Guidelines, massage therapy is considered an adjunct to other recommended treatments, such as exercise, and should be limited to four to six visits in most cases. In this case, the applicant has likely had treatment in excess to this amount, given the claimant's date of injury. At this point, as suggested by the MTUS, the emphasis should appropriately be on more efficacious modalities, such as home exercise. Accordingly, the request is not certified.

The request for lumbar support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines, lumbar supports have not been shown to have any benefit beyond the acute phase of symptom relief. In this case, the applicant's date of injury of August 29, 2001 demonstrates that the pain is chronic, and therefore well outside of the acute phase of symptom relief. Continued usage of lumbar supports is not recommended at this late date. Accordingly, the request is not certified.