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| Case Number: | CM13-0049270 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 04/21/1998 |
| Decision Date: | 03/17/2014 | UR Denial Date: | 10/30/2013 |
| Priority: | Standard | Application Received: | 11/07/2013 |

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 New York and North Carolina. 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 patient is a 62-year-old who was injured on 4/21/1998 when the patient was struck in the right leg with a 1000-pound roll of paper. The patient has chronic pain, including in the low back, neck and right leg. She works full time as a system specialist. Pain management has included ibuprofen, OxyContin, and TENS (transcutaneous electrical nerve stimulation) unit. The patient has had a course of massage (5 visits) and physical therapy, and has requested additional massage therapy (12 visits, once per week), claiming benefit from the prior course of treatment, and the desire to continue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve additional sessions of massage therapy: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: Massage therapy is beneficial, but only short-term, and as an adjunct to exercise. Dependence should be avoided, and only shorter term (4-6 visits) is recommended by the Chronic Pain Medical Treatment Guidelines.

The requested twelve additional visits exceeds that recommendation. The request for twelve additional sessions of massage therapy is not medically necessary or appropriate.