

Case Number:	CM13-0050157		
Date Assigned:	12/27/2013	Date of Injury:	02/16/2011
Decision Date:	03/14/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/11/2013

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 represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of February 16, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compound; transfer of care to and from various providers in various specialties; trigger point injection therapy; work restrictions; six sessions of prior massage therapy/myofascial release therapy; and eventual return to regular work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial therapy/deep tissue massage (no frequency or duration indicated) to the cervical and lumbar: Upheld

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

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

Decision rationale: The applicant has had at least six sessions of prior massage therapy to date. As noted on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines, massage therapy

should be considered an adjunct treatment to other recommended treatments, such as home exercises, and should typically be limited to four to six visits in most cases. In this case, the additional treatment being sought by the attending provider does represent further treatment in excess of the guideline. No compelling or extenuating factors have been cited so as to justify a variance from the guideline. Therefore, the request remains non certified, on independent medical review.