

Case Number:	CM13-0050377		
Date Assigned:	12/27/2013	Date of Injury:	03/17/2012
Decision Date:	03/07/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/13/2013

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 Physical Medicine and Rehabilitation 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:

This is a 63-year-old female who sustained injury on 03/17/2012 and reported complains of pain in her lumbar spine with radiating to left lateral thigh and left lower leg pain. EMG/NCS (electromyogram and nerve conduction studies) of lower extremities was done on 03/27/2013 that was unremarkable. X-rays of left hip was also unremarkable. X-rays of sacroiliac joints showed degenerative changes. A note dated 10/12/2013 by [REDACTED] indicates she was treated with 6 sessions of myofascial release and neuromuscular re-education from 09/02/2013 to 10/11/2013. A note dated 10/07/2013 indicates she presented with complaints of pain in her left lower back that radiates to her left lateral thigh and left lower leg associated with weakness in left leg. She reported much better after her massage therapy. On exam, there was midline lumbosacral spine tenderness, no paraspinal muscle tenderness or spasms. Decreased and painful forward flexion and patient arises abnormally. Treatment plan was continue ibuprofen 600 mg and 6 more visits of therapeutic massage as this was the best response we have gotten in terms of treatment so far."

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 6 additional Massage Therapy treatments: Upheld

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

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

Decision rationale: This patient was diagnosed with low back strain and was treated with 6 sessions of myofascial release and neuromuscular re-education from 09/02/2013 to 10/11/2013. The request is for additional 6 treatments of massage therapy, however, as per the Chronic Pain Medical Treatment Guidelines, "it is recommended as an adjunct to other recommended treatment such as exercise and should be limited to 4-6 visits in most cases." Furthermore, guidelines indicate that massage therapy lacks long-term benefits from pain relief. It is a passive intervention and treatment dependence should be avoided. Thus, the request for 6 additional massage therapy treatments is non-certified.