

Case Number:	CM13-0059803		
Date Assigned:	12/30/2013	Date of Injury:	02/21/2011
Decision Date:	05/07/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/02/2013

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 Physical Medicine & 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 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 injured worker is a 40-year-old male who reported an injury on February 21, 2011 from tripping over boxes. The November 25, 2013 clinic note reported a complaint of increasing leg pain rated at an 8/10 to 9/10. On examination, he was semi-supine, leaning to the right buttock with a positive left straight leg raise, tenderness over the lower back, mid lumbar spine, and left buttock with resisted external hip rotation and diminished lower extremity strength. He was given Toradol and Dilaudid for flare ups and was recommended to continue massage therapy in effort to reduce his opiate tolerance. His medications included methocarbamol and tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT SESSIONS OF MASSAGE THERAPY: Upheld

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

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

Decision rationale: The California MTUS guidelines state that massage therapy may be beneficial as be an adjunct to other recommended treatment, and should be limited to 4-6 visits. Guidelines also state that massage is a passive intervention and treatment dependence should be

avoided. The documentation submitted did not provide outcomes of the injured worker's previous physical therapy or massage therapy sessions; and therefore, efficacy cannot be determined. Additionally, the request for eight (8) massage therapy sessions exceeds the recommended 4 to 6 visits. Given the above, the request is non-certified.