

Case Number:	CM13-0065102		
Date Assigned:	05/07/2014	Date of Injury:	01/15/2003
Decision Date:	06/12/2014	UR Denial Date:	11/29/2013
Priority:	Standard	Application Received:	12/12/2013

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 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 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 claimant has submitted a claim for lumbosacral spine pain associated with an industrial injury date of January 15, 2003. Treatment to date has included medications, home exercise program, injections, and massage therapy (since July 2012). Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of lumbosacral spine pain described as deep, aching, chronic, dull, stable, radiating across the back and to the right lower extremity, with numbness and tingling. Triggers included activity and exertion. Home exercise program, massage, rest, position change, and medication alleviated pain. On physical examination, tenderness was noted on the lower right lumbar area associated with decreased range of motion in all planes with a positive straight leg raise test on the right. Deep tendon reflexes were decreased in the right lower extremity. Utilization review from November 29, 2013 denied the request for 6 massage therapy sessions because at least 4 sessions of massage therapy have already been completed with no substantial improvement noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX MASSAGE THERAPY SESSIONS: Upheld

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

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

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, massage therapy is recommended as an option and should be an adjunct to other recommended treatment and it should be limited to 4-6 visits in most cases. In this case, the patient had an unknown number of massage therapy sessions since July 2012 and the records indicated that the patient were having these massage sessions on her own. Furthermore, a progress note from July 2012 indicated that the patient had at least 4 previous massage therapy sessions; thus, an additional 6 sessions as requested will exceed the guideline recommendations. Therefore, the request for six massage therapy sessions is not medically necessary and appropriate.