

Case Number:	CM14-0008572		
Date Assigned:	04/18/2014	Date of Injury:	01/01/2013
Decision Date:	06/30/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/22/2014

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, has a subspecialty in Interventional Spine 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 patient is a 53 year-old female who was injured on 1/1/2013. The earliest report provided for this IMR is dated 2/14/13 from [REDACTED], but this report does not describe the mechanism of onset or describe a diagnoses. The patient has back and hip pain with no positive objective findings. On 1/10/14 UR apparently recommended against massage therapy x4 for the lumbar spine and for the left hip. The 1/3/14 report from [REDACTED] is identical to the 2/14/13 report.

IMR ISSUES, DECISIONS AND RATIONALES

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

MASSAGE THERAPY X 4 FOR LEFT HIP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

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

Decision rationale: The patient apparently presents with low back and hip pain. I have been asked to review for massage x4 for the left hip. MTUS states "This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in

most cases" There is no indication that the requested massage therapy is an adjunct to other recommended treatment (exercise). The request is not in accordance with MTUS guidelines.

MASSAGE THERAPY X 4 FOR LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES MASSAGE THERAPY Page(s): 60.

Decision rationale: The patient apparently presents with low back and hip pain. I have been asked to review for massage x4 for the lumbar spine. MTUS states "This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases" There is no indication that the requested massage therapy is an adjunct to other recommended treatment (exercise). The request is not in accordance with MTUS guidelines.