

Case Number:	CM14-0009284		
Date Assigned:	02/14/2014	Date of Injury:	06/26/2006
Decision Date:	08/18/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/23/2014

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 and Rehabilitation and Pain Medicine and is licensed to practice in California and Washington. 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 34-year-old male with a reported date of injury on 06/26/2006. The mechanism of the injury was not submitted with the medical records. The progress note dated 01/09/2014 reported that the injured worker had complained of pain rated at a 4/10 with the use of the medications; and without the use of the medications, it was a 7/10 to 8/10. The progress note listed the medications as Relafen, Lortab, Protonix, Viagra, dicoflenac sodium cream, Prozac and trazodone. The diagnoses were listed as chronic pain; lumbar disc displacement without myelopathy; displacement of thoracic disc without myelopathy; stenosis, spinal, lumbar; and degeneration of the lumbar lumbosacral disc. The progress notes stated that the injured worker's pain was being treated conservatively with massage therapy and chiropractic treatment. The Request for Authorization form was not submitted with the medical records. The request is for massage therapy for 6 sessions for conservative pain treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

MASSAGE THERAPY 6 SESSIONS: Upheld

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

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

Decision rationale: The request for massage therapy times 6 sessions is non-certified. The injured worker has been shown to be receiving chiropractic therapy as well as massage therapy. The California MTUS Chronic Pain Medical Treatment Guidelines recommend massage therapy as an option. The treatment should be in adjunct to other recommended treatments, such as exercise, and should be limited to 4 to 6 visits in most cases. The guidelines state that the lack of long-term benefits could be due to short-term treatment periods such as these and they do not address the underlying causes of pain. The guidelines state that the strongest evidence for the benefits of massage is for stress and anxiety reduction although research for pain control and management of other symptoms, including pain, is promising. The progress notes reported that the injured worker has been receiving chiropractic therapy as well as massage therapy sessions; however, they do not state how many sessions the injured worker has received or the efficacy of the treatment. Therefore, , the request is not medically necessary.