

Case Number:	CM14-0011223		
Date Assigned:	02/21/2014	Date of Injury:	06/13/2009
Decision Date:	07/24/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/28/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 66-year-old male who has submitted a claim for lumbar sprain/strain, and cervical sprain/strain; associated with an industrial injury date of 06/13/2009. Medical records from 02/19/2013 to 12/17/2013 were reviewed and showed that patient complained of low back pain, graded 8/10, and neck pain, graded 6/10. Physical examination showed tenderness over the paralumbar and paracervical muscles and spasm in the right trapezius and right mid to lower paracervical muscles. A 2-3 cm induration on the mid portion of the trapezius is noted. Range of motion is limited. Seated straight leg raise test was mildly positive on the right at 80 degrees. Gait and sensation were normal. Treatment to date has included Celebrex, Prilosec, Flexeril, physical therapy, and massage therapy. The utilization review, dated 01/16/2014, denied the request for massage therapy because there was no clear evidence of failure of home exercise program, and there was no mention of flare up of symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

MESSAGE FOR MYOFASCIAL RELEASE ON LOW BACK: 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(s): 60.

Decision rationale: As stated on page 60 of California MTUS Chronic Pain Medical Treatment Guidelines, massage therapy is recommended as an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. The lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. In this case, patient complains of neck and low back pain despite oral analgesics and previous physical and massage therapy. The documented rationale for massage therapy is to limit use of oral medications. However, there is no documented evidence of recent flare up of symptoms. Furthermore, guidelines recommend massage therapy as an adjunct to other treatments, i.e., exercise. There is no evidence that patient is currently on a home exercise program. Moreover, the number of massage therapy sessions attended in the past was not documented. There was no documentation of a statement of exceptional factors providing compelling evidence to treat this patient outside of guideline recommendations limiting treatment to 4-6 sessions of massage. The present request likewise failed to specify the number of sessions being requested. Therefore, the request for massage for myofascial release on low back is not medically necessary.