

Case Number:	CM14-0015866		
Date Assigned:	03/05/2014	Date of Injury:	04/04/1997
Decision Date:	06/30/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/07/2014

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 Medicine 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 62 year old female whose date of injury is 04/04/1997. The mechanism of injury is described as lifting and twisting. Treatment to date includes laminectomy and discectomy at L4-5 in 1998, medication management, chiropractic therapy, TENS, massage, aqua therapy, biofeedback and epidural steroid injections. The patient completed approximately 17 massage therapy visits in 2012 and approximately 17 massage therapy visits in 2013. Lumbar MRI dated 10/14/13 revealed mildly enlarged left L5 nerve root; no new pathology. [REDACTED] note dated 02/12/14 indicates that she has continued back and leg pain. On physical examination lumbar range of motion is flexion 80, extension 30, rotation 60 degrees. Straight leg raising is negative on the right and positive on the left. Sensation is diminished in the bilateral legs.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 ADDITIONAL MASSAGE THERAPY FOR TREATMENT OF THE THE LOWER BACK AREA: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY Page(s): 60.

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

Decision rationale: Based on the clinical information provided, the request for 6 additional massage therapy for treatment of the lower back area is not recommended as medically necessary. The patient has undergone approximately 34 massage therapy visits. CA MTUS guidelines state that massage therapy 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 clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. There are no specific, time-limited treatment goals provided. The request is not medically necessary and appropriate.