

Case Number:	CM14-0016041		
Date Assigned:	06/04/2014	Date of Injury:	10/19/2008
Decision Date:	07/11/2014	UR Denial Date:	01/25/2014
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 Physical Medicine and Rehabilitation, and is licensed to practice in Minnesota. 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 50-year-old who reported an injury on October 19, 2009 from twisting her back while lifting a trash bag. The injured worker had a history of lower back pain, bilateral legs and feet pain, as well as weakness to the arms. The injured worker states the severity of her pain a 7 with 6-7 at its best and 10 at the worst, she describes her pain as sharp, electric like, burning as well as pins and needles. Per the chart notes dated March 14, 2014, physical examination of the lumber spine revealed stooped posture, range of motion restricted with extension at 50 degrees, extension at 10 degrees, and straight leg rising is negative. Diagnosis includes lumber strain and lumbar radiculopathy. Needle electromyography revealed bilateral lower extremities and lumbar paraspinal muscles with chronic changes to the left L5 root muscle. The MRI of the right knee occurred on August 26, 2011. The patient currently uses a TENS (transcutaneous electrical nerve stimulation) unit with mention of prior physical therapy. The treatment plan includes 12 massage therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 MASSAGE THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend that the treatment be adjunct to other recommended treatment and should be limited to four to six visits on most cases. The documentation provided that physical therapy had any effectiveness. The injured worker is currently using a transcutaneous electrical nerve stimulator (TENS) unit with excellent relief. The documentation did not support need for massage therapy for long term pain relief. The documentation states current treatment of transcutaneous electric nerve stimulator provides excellent relief. The request for twelve massage therapy sessions exceeds the maximum sessions of four to six sessions. The request for twelve massage therapy sessions is not medically necessary or appropriate.