

Case Number:	CM14-0017743		
Date Assigned:	04/16/2014	Date of Injury:	02/02/2004
Decision Date:	06/30/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/12/2014

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 and is licensed to practice in Illinois. 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 48 year old male who reported an injury to his lower back on 02/02/2004 after lifting boxes. Current physical exam indicated pain that radiated down bilateral legs and his gait was slow symmetrically with use of a cane. The injured worker also received an ankle foot orthoses brace and wears it with little to no benefit. The trigger points in the left upper gluteus muscle are positive, left calf atrophy unchanged. The injured worker had multiple lumbar spine surgeries and fusions with a resultant foot drop and atrophy. X-rays of the lumbosacral spine revealed posterior rods and screws at L3-4 with disc space grafting. The L4 through S1 disc spaces are fused. MRI films dated 02/08/2013 revealed pedicle screws at L3-4 with fusion from L3 through S1 disc spaces. In February 2013, he attended two sessions of postoperative physical therapy; however, due to swelling and pain to the lower back, it was discontinued. He was diagnosed on 11/14/2013 with lumbar disc displacement, lumbosacral neuritis, pain in joint lower leg, lumbago. The injured worker's treatments have included physical therapy, massage and ultrasound therapy to lumbar spine and medications (hydrocodone, tramadol, and naproxen).

IMR ISSUES, DECISIONS AND RATIONALES

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

MASSAGE THERAPY AND ULTRASOUND TO THE LUMBAR SPINE 3 X WEEK FOR 3 WEEKS: 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, MASSAGE,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MASSAGE THERAPY, 60

Decision rationale: The request for massage therapy and ultrasound to the lumbar spine 3 times a week for 3 weeks is not medically necessary. The injured worker is a 49 year old male who has had multiple lumbar spine surgeries and fusions. The CA MTUS guidelines recommend 4-6 visits of therapy for therapeutic effect. It was annotated that the injured worker received therapy and is not showing improvement. The injured worker has completed 6 prior sessions of therapy. As such, the request for 3 times a week for 3 weeks is excessive. Therefore, per CA MTUS guidelines, massage therapy and ultrasound to the lumbar spine is not medically necessary.