

Case Number:	CM14-0115482		
Date Assigned:	08/04/2014	Date of Injury:	09/08/1993
Decision Date:	09/10/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/23/2014

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 has a subspecialty in Pain Management, 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:

This is a patient with a date of injury of 9/8/93. A utilization review determination dated 6/25/14 recommends non-certification of massage therapy. 5/28/14 medical report identifies low back pain radiating to the right lower extremity. Pain is 5/10 with medication and 8/10 without. He would like to have massage. He had it authorized about a year ago. He only used about half of it because he had to work out of town, but it was significantly helpful for him. Objective findings are noted as no significant change from last exam. Massage therapy was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) massage therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage/Myotherapy for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines mtus Page(s): 60 of 127.

Decision rationale: Regarding the request for massage therapy, Chronic Pain Medical Treatment Guidelines state that massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review, there is

documentation of prior massage therapy with unspecified improvement, with no indication of quantified pain relief, or objective functional improvement, etc. Additionally, there is no documentation of adjunctive treatment such as exercise or any current functional deficits to be addressed by massage therapy that cannot be managed by adherence to an independent Home Exercise program. In the absence of clarity regarding those issues, the currently requested massage therapy is not medically necessary.