

Case Number:	CM14-0118110		
Date Assigned:	08/06/2014	Date of Injury:	08/02/2012
Decision Date:	10/03/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/28/2014

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 Occupational 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 45-year-old male who has submitted a claim for lumbar intervertebral disc displacement without myelopathy associated with an industrial injury date of August 2, 2012. Medical records from 2013 to 2014 were reviewed. The patient complained of neck, back, shoulder, and upper extremity pain. He also continues to have low back pain radiating to both lower extremities, left greater than right. Physical examination of the lumbar spine showed limitation of motion and severe spasm of the left lumbar paraspinal musculature and right lower thoracic musculature. The diagnoses were neck sprain/strain; thoracic sprain/strain; traumatic brain injury with persistent headache; left shoulder rotator cuff injury with tendinitis, bursitis, and tear; status post left shoulder rotator cuff surgical repair; lumbosacral disc injury; lumbosacral sprain/strain; left S1 lumbosacral radiculopathy; and bilateral hip contusion injury. Treatment to date has included oral and topical analgesics, TENS, acupuncture, left shoulder surgery, home exercise program and trochanteric bursa injection. Utilization review from July 21, 2014 denied the request for massage therapy for the low back, 12 sessions. There is no indication that patient is actively participating in a home exercise program or physical therapy for the lumbar spine to be used in conjunction with massage therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy for the low back; 12 sessions: Upheld

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

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

Decision rationale: Page 60 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that 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 a passive intervention and treatment dependence should be avoided. In this case, there was no evidence that other treatments such as physical therapy and home exercise program were directed to the low back. The guideline only recommends massage therapy as an adjunct to other treatment. Furthermore, the requested number of visits exceeded the guideline recommendation of 4-6 visits. The medical necessity cannot be established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Massage Therapy for the low back; 12 sessions is not medically necessary.