MAXIMUS Federal Services

Case Number:	CM14-0150711		
Date Assigned:	09/19/2014	Date of Injury:	02/23/1998
Decision Date:	10/17/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/16/2014

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 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 case involves a 66-year-old female with a 2/23/98. She was seen on 8/4/14 with complaints of leg pain and weakness with associated burning in the feet. Exam findings revealed L-spine tenderness and tenderness. Her diagnosis is neuropathic pain tin the lower extremities, and lumbar spondylosis with radiculopathy. There was some hypesthesia in the L5-S1 dermatomes bilaterally, and some loss of muscles strength in the anterior tibialis bilaterally and peroneus brevis longus. Treatment to date: medications, LESI, PT, chiropractic therapy, aquatic therapy, and massage therapy, and acupuncture. An adverse determination was made on 9/3/04, as the documentation did not indicate functional deficits or a medical necessity for the requested therapy. Treatment to date: medications, LESI, PT, chiropractic therapy, aquatic therapy, and massage therapy, acupunctureAn adverse determination was made on 9/3/04, as the documentation did not indicate functional deficits or a medical necessity for the requested therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy, lower extremitites 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: CA MTUS states 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 a lack of documentation with regard to the patient's prior massage therapy and its outcome with regard to any functional gains or decrease in pain. In addition, it is unclear how many sessions the patient had and she continues to have neuropathic pain despite her conservative treatments including massage therapy. In addition, the rationale for 6 sessions of massage therapy is not clear in the documentation provided. Therefore, the request for massage therapy 2 days per week x 3 weeks is not medically necessary.