

Case Number:	CM14-0158761		
Date Assigned:	10/02/2014	Date of Injury:	01/10/2012
Decision Date:	11/06/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/29/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 10, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; adjuvant medications; and earlier lumbar spine surgery. In a Utilization Review Report dated September 3, 2014, the claims administrator partially approved a request for 12 sessions of massage therapy as six sessions of massage therapy. A lumbar x-ray, followup office visits, Lyrica, and Naprosyn were approved outright. The applicant's attorney subsequently appealed. In a February 27, 2014 progress note, the applicant reported persistent complaints of neck and low back pain one year removed from lumbar fusion surgery. The applicant had reportedly returned to regular duty work and had made good progress with physical therapy, it was suggested. On August 13, 2014, it was again stated that the applicant was back at regular duty work and was tolerating the same, despite ongoing complaints of neck and low back pain. The applicant exhibited 5/5 lower extremity strength. Massage therapy, Lyrica, and Naprosyn were endorsed. The applicant was asked to follow up in four months. The request for authorization (RFA) form dated August 26, 2014 suggested that 12 sessions of massage therapy were, in fact, being sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

MASSAGE THERAPY: 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; PHYSICAL MEDICINE Page(s): 60; 98.

Decision rationale: 1. No, the request for massage therapy [12 sessions] is not medically necessary, medically appropriate, or indicated here. As noted on the Utilization Review Report and on the request for authorization (RFA) form, the attending provider sought authorization for 12 sessions of massage therapy. The 12 sessions of massage therapy sought, however, represents treatment well in excess of the four- to six-session course recommended on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines and, furthermore, runs counter to the principle espoused on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that passive modalities and passive therapies should be employed "sparingly" during the chronic pain phase of a claim. Therefore, the request is not medically necessary.