MAXIMUS Federal Services

Case Number:	CM14-0163063		
Date Assigned:	10/08/2014	Date of Injury:	02/06/2001
Decision Date:	12/05/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/03/2014

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 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 injured worker's original date of injury was February 6, 2001. The industrially related diagnoses include chronic low back pain and lumbar spasm. The patient has had treatment with physical modalities, self-directed exercises, Norco, and pain medications. An initial course of massage therapy was certified in a utilization review determination on July 7, 2014. The patient following the massage therapy was noted to be "more functional and awaken without significant less stiffness" according to a provider note on date of service 9/3/2014. The disputed issue is a request for additional massage therapy for six visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Message Therapy, 2x2-3 for Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 60 of 127.

Decision rationale: The patient following the initial course of massage therapy was noted to be "more functional and awaken without significant less stiffness" according to a provider note on date of service 9/3/2014. However, the guidelines do not recommend continued treatment with

passive modalities. The MTUS specifically recommends limitation of duration of treatment and avoidance of treatment dependence. Given this, this request is not medically necessary.