

Case Number:	CM14-0166937		
Date Assigned:	10/14/2014	Date of Injury:	04/06/2004
Decision Date:	11/17/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/09/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 47 year old male with an injury date of 04/06/14. Based on the 09/09/14 progress report provided by [REDACTED] the patient complains of low back pain rated 5-10/10 that radiates throughout his body. Physical examination to the lumbar spine revealed tenderness to palpation and limited range of motion to the lumbar spine. Patient is prescribed Naproxen and Ketoprofen cream. Progress report dated 09/09/14 by [REDACTED] states that patient has failed land based therapy, therefore provider requests "a trial of massage therapy two a week for four weeks to the lumbar spine. Patient wants to avoid surgery and the request is to help decrease pain and improve ability to function. "Diagnosis 09/09/14 status post lumbar fusion L4-5 and L5-S1, 2004, lumbar radiculopathy and failed back syndrome [REDACTED]. [REDACTED] is requesting Massage Therapy for the Lumbar Spine 2 times per week for 6 weeks. The utilization review determination being challenged is dated 09/25/14. The rationale is: "massage is a passive intervention and treatment dependence should be avoided." [REDACTED] is the requesting provider, and he provided treatment reports from 04/03/06 - 09/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy for The Lumbar Spine 2 Times per Week for 6 Weeks: 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 under its chronic pain section has the following regarding massage therapy Page(s): 60.

Decision rationale: The patient presents with low back pain rated 5-10/10 that radiates throughout his body. The request is for Massage Therapy for the Lumbar Spine 2 times per week for 6 weeks. He is status post lumbar fusion L4-5 and L5-S1, 2004. His diagnosis dated 09/09/14 includes lumbar radiculopathy and failed back syndrome. MTUS page 60 supports massage therapy as an adjunct to other recommended treatment such as exercise and states that it should be limited to 4-6 visits in most cases. Massage is also an effective adjunct treatment to relieve acute postoperative pain. Progress report dated 09/09/14 by [REDACTED] states that patient has failed land based therapy, therefore provider requests "a trial of massage therapy two a week for four weeks to the lumbar spine. Patient wants to avoid surgery and the request is to help decrease pain and improve ability to function." However, the request exceeds number of trial visits allowed by guidelines. Therefore, this request is not medically necessary.