

Case Number:	CM14-0171225		
Date Assigned:	10/23/2014	Date of Injury:	12/03/2012
Decision Date:	12/04/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/16/2014

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:

The underlying date of injury in this case is 12/03/2012. The date of the utilization review under appeal is 10/07/2014. Treating diagnoses include lumbar discogenic pain syndrome, left lumbar radiculitis, myofascial pain, lumbar degenerative disc disease, chronic pain syndrome, and shoulder pain. The patient was seen in primary treating physician follow-up 09/26/2014 with ongoing pain in the low back, left leg, neck, and bilateral shoulder. The patient had a flare of low back pain for about three days and requested a Toradol injection. The patient found his medications to be helpful including Norco for severe pain, Zohydro ER for chronic pain, and baclofen for acute flare-ups of muscular spasms. The patient described pain as stabbing in the low back and radiating to the left leg. The treatment plan included intramuscular Toradol as well as consideration of a lumbar epidural injection. Additionally, massage treatment was requested and is currently subject to review.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Massage therapy sessions for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 58.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on massage therapy, page 58, states that massage is a passive intervention and treatment dependence should be avoided. The guideline states that massage is beneficial in reducing musculoskeletal symptoms but that beneficial effects have been shown only during treatment. This is a chronic injury in which the guidelines overall would recommend treatment with an independent active home rehabilitation program. The treatment guidelines and medical records do not support an indication for massage in the current chronic setting. This request is not medically necessary.