

Case Number:	CM14-0175508		
Date Assigned:	10/28/2014	Date of Injury:	11/27/2004
Decision Date:	12/30/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/23/2014

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 Family Medicine and is licensed to practice in Utah. 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 58 year-old female. The patient's date of injury is 11/27/2004. The mechanism of injury is described as a slip and fall. The patient has been diagnosed with lumbar or lumbosacral intervertebral disc disorder, and Sciatica. The patient's treatments have included imaging studies, EMGs, Massage therapy, physical therapy, and medications. The gait is reported as antalgic. Muscle tone is reported as normal. Muscle strength is reported as decreased in the Right lower leg, and normal in the left leg and arms bilaterally. The straight leg raise is noted as positive on the right. The physical exam findings dated April 16, 2014 shows the patient near ideal body weight and well groomed. The patient's medications have included, but are not limited to, Capsaicin, Naproxen, Tramadol, Gabapentin, Lisinopril, Metformin, and Zocor. The request is for Massage Therapy. The patient was approved previously for session of massage therapy, but only attended two of those sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy 6 Sessions Lumbar Spine: 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 Page(s): 60.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Massage Therapy. MTUS guidelines state the following: Massage is recommended as an option. This treatment should be an adjunct to other recommended treatment, (e.g. exercise) and it should be limited to 4-6 visits in most cases. The patient was previously approved for massage therapy, but did not complete the entire session, the reason is unclear. There is no documentation that states the patient has completed or is involved in a home exercise program. The current request, with the previous sessions the patient attended, exceeds the current recommended amount of sessions. According to the clinical documentation provided and current MTUS guidelines; massage therapy, as requested above, is not indicated as a medical necessity to the patient at this time.