

Case Number:	CM14-0177687		
Date Assigned:	10/31/2014	Date of Injury:	11/09/2011
Decision Date:	12/09/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/27/2014

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 mid and low back pain reportedly associated with an industrial injury of November 9, 2011. In a Utilization Review Report dated October 13, 2014, the claims administrator failed to approve a request for massage therapy for the lumbar spine. The applicant's attorney subsequently appealed. In an April 29, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating into the left leg. It was suggested that the applicant was working with limitations and performing home exercise. Eight sessions of acupuncture, Celebrex, home exercise, and two visits of traction were endorsed. Permanent work restrictions were renewed. In a June 2, 2014 progress note, the applicant was described as status post lumbar fusion surgery. The applicant had ancillary complaints of hypertension and gastroesophageal reflux disease. In a March 3, 2014 permanent and stationary report, the applicant was returned to regular duty work status post earlier lumbar fusion surgery. Somewhat incongruously, a 21% whole-person impairment rating was issued. It was stated that the applicant was using Celebrex for pain relief and was performing home exercises. On October 3, 2014, it was again reiterated that the applicant was working regular duty status post earlier lumbar spine surgery. Some persistent complaints of lumbar stiffness were appreciated. Six sessions of massage therapy were endorsed to ameliorate the applicant's stiffness and apparently facilitate continuing home exercise. The applicant was returned to regular duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy 1-2 times per week for three months total of 6 sessions for the lumbar spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy topic Page(s): 60.

Decision rationale: The six-session course of massage therapy proposed does conform to the four to six visits recommended on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines for massage therapy. Page 60 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that massage therapy should be employed as an adjunct to other recommended treatments, such as exercise. Here, the attending provider has provider has indicated that the massage therapy is intended to facilitate performance of home exercises and facilitate the applicant's maintaining regular duty work status. The request, thus, as written, does conform to MTUS parameters. Accordingly, the request is medically necessary.