

Case Number:	CM14-0178032		
Date Assigned:	10/31/2014	Date of Injury:	07/10/1997
Decision Date:	12/08/2014	UR Denial Date:	10/07/2014
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 Anesthesiology, has a subspecialty in 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:

This is a 61-year-old male with a 7/10/97 date of injury. According to the most recent report provided for review, dated 7/29/14, the patient was seen for lower backache and reported that his pain level has remained unchanged since his last visit. He has had 5 of 6 sessions of physical therapy, and he found it to be helpful. Objective findings: tenderness noted on both sides of paravertebral muscles, restricted lumbar range of motion, hypertonicity and spasm noted on both sides of lumbar paravertebral muscles, light touch sensation decreased over right lateral thigh vs. left. Diagnostic impression: post lumbar laminectomy syndrome, lumbar facet syndrome, lumbar spinal stenosis. Treatment to date: medication management, activity modification, physical therapy, lumbar ESI, surgery. A UR decision dated 10/7/14 denied the request for additional massage therapy. 6 treatment sessions of massage therapy was certified on 6/6/14. They have reportedly been completed. It is stated that the treatment sessions were "helpful". There is no specific documentation of significant improvement in function or pain level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy, QTY: 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8, 5, 7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: CA MTUS states that massage therapy should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. However, according to the UR decision dated 10/7/14, this patient has already completed 6 sessions of massage therapy. Guidelines support up to 4-6 visits, and additional massage therapy would exceed guideline recommendations. In addition, there is no documentation of functional improvement from prior therapy. Therefore, the request for Massage Therapy, QTY: 6 sessions was not medically necessary.