

Case Number:	CM14-0185419		
Date Assigned:	11/13/2014	Date of Injury:	04/06/2004
Decision Date:	12/30/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/06/2014

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 Pain Management, has a subspecialty in Interventional Spine 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 04/06/04. Based on the progress report dated 09/09/14 provided by [REDACTED] the patient complains of constant aching mid-back pain rated at 5/10. Any activity exacerbates the pain. The patient also complains of lower back pain, rated at 6-10/10, that radiates numbness into bilateral lower extremities especially to the right. The report also states that "His right knee is locking up and giving out on him." Physical evaluation reveals decreased sensation in the lower extremity to the right L5 dermatome. Straight leg raise is positive on the left and right at 30 degrees causing pain to the calf. As per progress report dated 09/09/14 provided by [REDACTED] the patient complains of dull aching, constant pain in the lower back that radiates throughout the body. He states that the pain fluctuates between 5-10/10 on the pain scale. The patient is also experiencing stiffness in the neck that radiates to the shoulders and arms. Physical examination of the lumbar spine reveals tenderness to palpation and limited range of motion. Physical exam, as per progress report dated 07/28/14 provided by [REDACTED], reveals tenderness to palpation over the SI joint. As per progress report dated 09/09/14, the patient uses single-point cane for stability. He received more than 20 sessions of physical therapy/ aqua therapy in 2004 which led to reduction in pain. He underwent L4-5 and L5-S1 fusion. The patient has tried Advil and Aleve which have not benefited him. He uses a Methoderm topical ointment to manage the back pain along with Naproxen. X-ray of the Lumbar spine, dated 06/03/14, as per progress report dated 09/09/14- No lucencies around the hardware.- L4-5 and L5-S1 fusion. Diagnosis, 09/09/14- Status post-lumbar fusion L4-5 and L5-S1- Lumbar radiculopathy- Failed back syndrome. The treator is requesting for MASSAGE THERAPY 2 X 4 TO LUMBAR SPINE. The utilization review determination being challenged is dated 10/07/14. The rationale was "there is no evidence that massage therapy had been tried and failed to provide

benefit." The review, therefore, recommends a short trial and modifies the request to 6 visits. Treatment reports were provided from 08/31/05 - 10/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy 2x4 to lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180,181,Chronic Pain Treatment Guidelines massage therapy Page(s): 60.

Decision rationale: This patient presents with constant, dull aching pain in mid-back and lower back that radiates to the lower extremities, as per progress report dated 09/09/14. The pain fluctuated between 5-10/10. The request is for massage therapy 2 x 4 to lumbar spine.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. The updated ACOEM guidelines has the following regarding massage therapy: (pp180,181) " Recommendation: Massage for Chronic Persistent Low Back or Neck Pain: Massage is recommended for select use in patients with chronic persistent low back or neck pain as an adjunct to active treatments consisting primarily of a graded aerobic and strengthening exercise program. Indication: The intervention is recommended to assist in increasing functional activity levels more rapidly and the primary attention should remain on the conditioning program. In those not involved in a conditioning program, or who are non-compliant with graded increases in activity levels, this intervention is not recommended. Frequency/Duration - Three to five appointments. If ongoing objective improvement, up to 8 to 10 additional treatments is appropriate."The review of available reports indicates that the patient suffers from chronic lower back pain and intermittent mid-back pain that radiate to lower extremities, as per progress report dated 09/09/14. There are no documents that indicate the patient has received any prior massage. The treater has asked for 8 sessions of therapy but does not provide a rationale as to how this will help the patient. The treater also does not document any home exercise regimen for treatment. The request for 8 sessions exceeds what is allowed by ACOEM for trial without documentation of ongoing objective improvement. Recommendation is for denial.