

Case Number:	CM14-0021302		
Date Assigned:	05/07/2014	Date of Injury:	01/08/2010
Decision Date:	07/09/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/20/2014

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 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 injured worker's date of injury is 01/08/2010. This patient is being treated for chronic low back pain. His original injury occurred when there was a fall while working which twisted his back. An MRI performed in 2012 showed foraminal narrowing. Electrodiagnostic testing showed only possible evidence of L5-S1 radiculopathy. This patient has received acupuncture therapy, a TENS (Transcutaneous Electrical Nerve Stimulation) unit, both H-wave therapy and a TheraCare wrap have been requested. The treating physician's encounter note dated 12/04/13 states that the patient's episodes of back pain are infrequent. The patient is taking medications as recommended in the medications are working well. This patient is receiving both chiropractic and acupuncture therapy and the patient's range of motion in the mobility has improved. The patient has been instructed to walk for exercise, continue to perform a home exercise program, and perform stretching activities. The physician is requesting massage therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MASSAGE THERAPY SESSIONS FOR THE LOW BACK X12: 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 9792.20 - 9792.26, Massage Therapy Page(s): 60.

Decision rationale: The treating physician in his note dated 12/04/2013 states that on exam the patient is not in acute distress and there is paravertebral muscle tenderness on both sides. Straight leg raising is negative. On examination the range of motion is flexion to 60 and extension to 15. The degree of discomfort is stated as "lingering." The patient has been taught to perform home exercise and stretching programs. The patient continues to receive both acupuncture and chiropractic therapy. The treating physician has not defined what the current deficit in daily functioning is or what the goals of massage treatment plan are. Therefore, the request of twelve (12) massage therapy sessions for the low back is not medically necessary and appropriate.