

Case Number:	CM14-0025145		
Date Assigned:	06/11/2014	Date of Injury:	06/01/2005
Decision Date:	08/11/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/27/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 68-year-old female was reportedly injured on June 1, 2005. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated February 11, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated intact motor and sensation. There was tenderness over the lower back and the iliac crests. Treatment involves a refill of Vicodin and there was a request for a moist heating pad, as well as myofascial release. Previous treatment includes a home exercise program and massage therapy. A request was made for six visits of massage therapy and a moist heating unit and was not certified in the pre-authorization process on February 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL MASSAGE THERAPY (X6): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 of 127.

Decision rationale: According to the attached medical record the injured employee has previously received massage therapy; however, the efficacy of these prior treatments is unknown. Furthermore, studies indicate there is no known long-term benefit to massage therapy and its ability to attenuate diffuse musculoskeletal symptoms may be beneficial, but effects are registered only during the actual treatment. Without additional specific justification, this request for an additional six visits of massage therapy is not medically necessary, per MTUS.

MOIST HEAT UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Heat therapy for the back, http://www.odgtwc.com/odgtwc/low_back.htm.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), and Low back, Heat therapy, Updated July 3, 2014.

Decision rationale: According to the Official Disability Guidelines a number of studies have shown a continuous lower level heat wrap therapy has been found to be effective for treating low back pain, however there is no benefit known for moist heat usage. Without particular justification and support for the usage of moist heat, this request for a moist heat unit is not medically necessary.