

Case Number:	CM14-0027792		
Date Assigned:	06/13/2014	Date of Injury:	10/21/2003
Decision Date:	07/16/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/03/2014

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 Texas. 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 injured worker is a 41 year old female whose date of injury is 10/21/2003. The mechanism of injury is not described. Note dated 01/23/14 indicates that the injured worker complains of low back pain, bilateral hip pain, and bilateral leg pain radiating to the feet. Diagnoses are listed as degeneration of lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, sacroiliitis, chronic pain syndrome, lumbar facet joint pain and myofascial pain. The injured worker was recommended to continue aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MASSAGE THERAPY 1XWK X 4WKS LUMBAR SPINE: Upheld

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

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

Decision rationale: There is no comprehensive assessment of treatment completed to date. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. Therefore, the requested massage therapy is not in accordance with California Medical Treatment Utilization Schedule (CAMTUS) guidelines.

Therefore, the request for massage therapy 1xwk x 4wks lumbar spine is not medically necessary.