

Case Number:	CM14-0028806		
Date Assigned:	06/16/2014	Date of Injury:	10/06/2002
Decision Date:	07/16/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/06/2014

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 Occupational 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:

The patient is a 45 year old male who was injured on 10/06/2002. The mechanism of injury is unknown. Prior medication history included Percocet, Norco-Vicodin, diazepam, Tizanidine and triamcinolone. Follow-up visit dated 12/9/2013 states the patient is in for follow up of his lumbar sprain injury. He reported increased back pain with prolonged standing, walking, bending, and twisting. Objective findings on exam revealed tenderness across the low back, right greater than left. There is guarding present. Range of motion exhibits extension to 10 degrees and he is able forward flex and touches his knees with increased back pain. Straight leg raise is 90 degrees but does pull his back. Assessment is lumbar sprain and cervical sprain. The treatment and plan included massage p.r.n. Prior utilization review dated 02/26/2014 states the request for massage therapy to reduce pain and improve function, qty. six is not certified as the patient has benefited from massage therapy before but there is no documented number of sessions to date submitted in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

MESSAGE THERAPY TO REDUCE PAIN AND IMPROVE FUNCTION, QTY. SIX:
Upheld

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

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

Decision rationale: This is a request for 6 visits of massage therapy for a 45-year-old male injured on 10/6/02 with chronic low back pain. MTUS guidelines recommend massage therapy as an option if used as an adjunct to other recommended treatment. It should be limited to 4-6 visits in most cases as it is a passive intervention without proven lasting benefit. The patient has apparently received massage therapy in the past, but the number of visits is not provided. Records fail to establish clinically significant functional improvement from past massage treatment. Recommended adjunctive treatments such as exercise are not discussed. Medical necessity is not established.