

Case Number:	CM14-0032714		
Date Assigned:	06/20/2014	Date of Injury:	06/10/2004
Decision Date:	07/17/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/14/2014

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 and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 44-year-old male with a reported date of injury on 06/10/2004. The mechanism of injury was not submitted within the medical record. His previous treatments were noted to include medications, physical therapy, a lumbar epidural steroid injection, and psychiatric treatment. His diagnoses were noted to include low back pain, lumbar disc pain, lumbar facet pain, myofascial pain, chronic pain syndrome, sacroiliac joint pain, and possible lumbar radiculitis. The progress note dated 01/16/2014 reported the injured worker complained of muscle spasming and low back pain. The injured worker has tried medications and stated that the medications had been helpful. The injured worker reported the pain was better with lying down, medications, and standing. The low back pain was rated as 4/10 with medications. The physical examination reported the injured worker had 5/5 bilateral lower extremity strength, sensation was intact and equal, deep tendon reflexes were 2+ and symmetric, sciatic notches were pain-free to palpation, and sacroiliac joints were slightly tender. There is tenderness over the paraspinals and increased pain with flexion and extension. The examination also revealed straight leg raise elicited pain in buttocks bilaterally. The Request for Authorization form dated 01/22/2014 was for massage therapy 1 time a week for 6 weeks for low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapy: Massage Therapy 1x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy. Decision based on Non-MTUS Citation ACOEM, Official Disability Guidelines.

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

Decision rationale: The request for massage therapy 1 time 6 is not medically necessary. The injured worker is complaining of low back pain rated 4/10. The Chronic Pain Medical Treatment Guidelines recommend massage therapy as an adjunct to other recommended treatments such as exercise, and it should be limited to 4 to 6 visits in most cases. Scientific studies show contradictor results. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention, and treatment dependence should be avoided. This lack of long-term benefit could be due to the short treatment. Treatments such as these do not address the underlying causes of pain. The strongest evidence for benefits of massage is for stress and anxiety reduction, although research for pain control and management of other symptoms, including pain, is promising. There is a lack of documentation regarding massage therapy to be used in adjunct with a form of exercise. The documentation provided showed the injured worker had tried and failed physical therapy previously, and there was a lack of documentation regarding a home exercise program. Therefore, due to the lack of documentation regarding massage therapy to be used in adjunct to a form of exercise or physical therapy, the request for massage therapy is not warranted at this time. As such, the request is not medically necessary.