

Case Number:	CM14-0036215		
Date Assigned:	06/25/2014	Date of Injury:	11/25/2008
Decision Date:	10/01/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/25/2014

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:

According to the submitted documents this is a 59-year-old man injured on 11/25/2008. The mechanism of injury was that he was working with the buffer machine waxing the floor and twisted and then developed lower back pain and tightness. There has been extensive prior treatment and diagnostic testing including MRIs. The patient has received lumbar epidural steroid injections, physical therapy, and he has graduated from a functional restoration program with unspecified benefit. At one point he was reportedly considered to be a surgical candidate. There is a 6/2/14 request for authorization for 6 sessions of massage therapy which is the subject of this review. A 5/28/14 pain management report states the patient presents with chronic low back pain during the days 3-7/10 at night and goes as high as 8/10. He has an exercise program with stretching. He has an appointment with the orthopedic spine specialist later that day. He takes Ambien for insomnia which reportedly is helpful. He continues having muscle spasms and complains of side effects from Gabapentin. An examination of the back indicated that the patient was ambulating without assistance. In the low back there was tenderness in the lumbar spine and reduced range of motion. Diagnoses were acquired spondylolisthesis, stenosis spinal lumbar, chronic pain. The report states that the patient uses coping skills and exercises from a functional restoration program. He has muscle tension in the back and says that massage therapy was helpful in the past to reduce pain and reduced reliance on medications. There are no specifics given as to when he last had massage therapy or what the specific reduction in medications included. The patient was on permanent disability. There is no discussion regarding patient's specific activities of daily living or overall functional levels. A 6/28/14 orthopedic spine report states this chronic pain patient is complaining of lower back pain with radiation to his left lower extremity. There is made that there has been previous massage therapy and lists his medication regimen. The orthopedic spine report states that the patient is there because he wants to know

"do I need surgery". That was not stated in the report but the patient was referred to urology. There was a pain management report of 3/5/14 that requested an additional 6 sessions of massage therapy at that time as well. A 1/22/14 report stated the authorization for massage therapy was being awaited and that he had had previous massage therapy in the past with pain reduction.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Massage therapy visits: Upheld

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

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

Decision rationale: This patient has had previous massage therapy which reportedly gave him reduction in pain and unspecified improvement in function. This was sometime before January 2014. In the interval months, the patient has continued to require ongoing treatment with medications and functional limitations, and that there is no evidence that previous massage therapy resulted in any reduction in dependence on medical care and there is no mention of specific improvements in activities of daily living that were sustained from previous massage therapy. The Chronic Pain Medical Treatment Guidelines state that massage therapy should be an adjunct to recommended treatment such as exercise and limited to 4-6 visits in most cases. Given that this modality has already been trialed and there has been no documented reduction of pain, functional benefits, and certainly no reduction in dependence of medical care, based on the evidence and the guidelines this is not considered to be medically necessary.