MAXIMUS Federal Services

Case Number:	CM14-0037725		
Date Assigned:	06/25/2014	Date of Injury:	09/17/2012
Decision Date:	08/14/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/28/2014

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, has a subspecialty in Pain Medicine 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 48-year-old female who reported an injury as the result of a motor vehicle accident on 09/17/2012. On 03/07/2014, she presented with lower back pain and bilateral upper extremity pain. She rated her pain at 6/10. She characterized her pain as aching, constricting, and throbbing. Her lower back pain radiated through both thighs and her right leg. She stated that her pain medications were helping her and that her pain symptoms are adequately managed with her medications. Her medications included cyclobenzaprine 7.5 mg and Norco 10/325 mg. She also complained of poor sleep and was prescribed quazepam. Her lumbar ranges of motion were restricted by pain and limited to 40 degrees of flexion and 10 degrees of extension. Her diagnoses included myalgia and myositis, lumbar disc displacement without myelopathy, sprains and strains of the lumbar region, lumbar or lumbosacral disc degeneration, and thoracic or lumbosacral neuritis or radiculitis. Included in the treatment plan was a notation that she had an acupuncture appointment, did not want an epidural steroid injection, did not want to meet with the pain psychologist, and the recommendation was made for massage therapy, but no rationale was given. On 09/23/2013, it was noted that an exercise bike had helped her with pain management in the past. She felt that physical therapy exacerbated her pain. At times, she rated her lower back pain as 6/10 before pain medications and 0/10 after taking her medications. The plan at that time was to continue her medications, ice, heat, and exercise. An MRI performed in 03/2013 revealed degenerative disc disease at L5-S1. There was foraminal extension of disc osteophyte complexes causing foraminal narrowing in the extraforaminal L5 nerve root, touching the disc osteophyte complexes. Electrodiagnostic studies performed on 05/24/2013 were normal. She had received trigger point injections on 08/18/2013, which were temporarily helpful. It was noted on 03/14/2013 that she had used a TENS unit and found it to

be helpful. The exact dates and length of use were not documented. There was no Request for Authorization included with the documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy x8 for low back: Upheld

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

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

Decision rationale: The request for Massage Therapy x8 for low back is non-certified. The California MTUS recommends massage therapy as an option. This treatment should be an adjunct to other recommended treatment, for example exercise, and it should be limited to 4 to 6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long term followup. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. There was no documentation that she was currently participating in an exercise program. This request for massage therapy x8 visits exceeds the recommended 4-6 visits in the guidelines. Therefore, this request for Massage Therapy x8 for low back is non-certified.