

Case Number:	CM14-0044341		
Date Assigned:	06/20/2014	Date of Injury:	09/11/2006
Decision Date:	07/24/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/18/2014

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 Pain 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:

This is a 39-year-old male patient who sustained an industrial injury on 09/11/2006. Mechanism of injury was reported as occurring while lifting luggage and carrying them upstairs and downstairs 2 rooms. He developed pain in his knees, starting in the left knee and then progressively noticing right knee pain as well. He also developed pain in the upper thoracic spine extending from the base of his neck down to the low back. Diagnoses include lumbar disc displacement without myelopathy, degeneration of disc NOS and cervicobrachial syndrome. He reports the low back pain is sharp and prevents him from bending and twisting. He reports numbness and tingling radiating down the lower extremities, left greater than right. He reports some pain around the back of his right knee. He notices increased tension along the superior trapezius, shoulder and through the upper left extremity. He reports numbness, tingling and a cold sensation in the fourth and fifth digits. He finished physical therapy for the left upper extremity and reports his pain has returned. He recalls trying a lumbar epidural steroid injection with only slight benefit. He has tried upper extremity physical therapy without lasting benefit. He continues massage therapy and paste from his pocket. He has tried chiropractic treatment without lasting benefit. He is not a candidate for surgery as he is too young. Reports muscle tightness in his legs. On physical examination there is a sharp pain on the left with rotation to the left and simultaneous extension. Hypertonicity is noted with palpation along the left paraspinal musculature of the mid back. Diagnostic studies were referenced including an MRI of the lumbar spine performed on 6/22/11 showing retrolisthesis of L4 and L5 with a disc bulge contacting and posteriorly displacing does descending L5 nerve roots and mild to moderate foraminal narrowing. L5-S1 level shows a disc bulge with superimposed 73 mm central disc protrusion with mild effacement of the thecal sac. Disc protrusion contacts but does not impinge both descending S1 nerve sleeves. Mild to moderate foraminal compromise demonstrated. The

electromyography/nerve conduction study (EMG/NCV) study referenced of the left lower and upper extremity dated 3/25/08 demonstrated no evidence of lumbosacral radiculopathy. It was again noted the patient is continuing to anticipate and massage therapy and pain out of pocket and it was felt 6 sessions should be authorized to relieve his muscle tension. Current medications include Omeprazole DR 20 mg capsule 1 tablet every 12 hours, Cyclobenzaprine 7.5 mg #90 one tablet at bedtime for muscle relaxant, Docusate Sodium 100 mg capsule 1-2 tablets twice daily as needed, and Hydrocodone/APAP 5/500 mg #30 one tablet daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy for Low Back; 6 sessions: 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 CA MTUS guidelines state recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Evidence-based criteria suggest that massage is a passive modality lacking evidence for sustained or long-term benefit, and cautions against the use of passive modalities as they can encourage dependence. In this case, it is noted that the patient has previously undergone massage therapy, and continues to participate in massage therapy pain out of pocket. This clearly demonstrates the massage therapy is being used for maintenance therapy, as there is no indication of lasting benefit, measurable pain relief, or associated functional benefit because of this treatment. There is no documentation suggesting the patient has returned to work as a result. Documentation does not describe the patient participating in current physical therapy or an aggressive home exercise program for which massage therapy would be used as an adjunct. Given guidelines recommend no more than 4-6 visits and the patient has previously exceeded this amount without objective benefit as a result, an additional massage therapy for the low back for 6 sessions is not medically necessary.