

Case Number:	CM14-0045855		
Date Assigned:	07/02/2014	Date of Injury:	12/20/1993
Decision Date:	08/20/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/14/2014

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 Geriatrics and is licensed to practice in New York. 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 60 year old man with a date of injury of 12/20/93. He was seen by his primary treating physician on 3/6/14. He complained of low back pain with radiation to his bilateral posterior buttocks and bilateral thoracic pain. His exam showed an antalgic gait. He had pain with range of motion and decreased sensation in the lower extremity. A lumbar MRI from 7/13 showed right L5-S1 stenosis and nerve root contact. He had tenderness with range of motion and palpation of his thoracic spine T10 - 12. His diagnoses included lumbar disc disorder and thoracic sprain/strain. At issue in this review is the request for 6 massage therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Massage Therapy 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 Page(s): 60.

Decision rationale: According to MTUS guidelines, massage therapy is recommended as an adjunct to other recommended treatment and it should be limited to 4-6 visits in most cases. This injured worker has chronic pain and has not had any recent surgery nor is there documentation of

other therapy being used to which the massage therapy would be an adjunct. Therefore, the request of Six (6) Massage Therapy Sessions is not medically necessary and appropriate.