

Case Number:	CM14-0046605		
Date Assigned:	07/02/2014	Date of Injury:	09/11/2006
Decision Date:	08/25/2014	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, has a subspecialty in Pain Management 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 patient with a date of injury of 9/11/06. A utilization review determination dated 2/19/14 recommends non-certification of massage therapy, as the patient had previously attended massage therapy, but there was no objective documentation of functional improvement or pain reduction. 2/27/14 medical report identifies neck and back pain with numbness and tingling down the lower extremities, left more than right. There is some pain around the back of the right knee. There is also pain along the left side of the neck and along the left superior trapezius, along the shoulder, and throughout the left upper extremity with increased tension in this area and numbness, tingling, and a cold sensation in the 4th and 5th digits. He finished physical therapy for the left upper extremity and states that pain has since returned. He recalls trying lumbar epidural steroid injection with only slight benefit. He does pay for his own massage therapy with benefit. He has tried chiropractic treatment without lasting benefit. He has not tried acupuncture. He recalls that he was recommended to defer surgery as he is so young. He feels like he is getting weaker and loses balance at times. He has never had physical therapy for the back. He notes muscle tightness in the legs and continues to complain of muscle atrophy in the left lower extremity. On exam, there is hypertonicity noted with palpation along left paraspinal musculature of the mid back. The provider also notes sharp pain on left with rotation to left and simultaneous extension. 12 sessions of physical therapy for the lower back were recommended as well as 6 sessions of massage therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy for the low back 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 of 127.

Decision rationale: Regarding the request for massage therapy, Chronic Pain Medical Treatment Guidelines state the "massage therapy is recommended as an option." They go on to state "the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases." Within the documentation available for review, the patient has utilized an unspecified number of massage therapy sessions in the past. He noted benefit, but no specific identification of benefit such as decreased VAS scores, examples of functional improvement, decreased pain medication usage, etc., are identified to support the use of massage therapy beyond the recommendations of the California MTUS. Additionally, physical therapy was concurrently recommended by the provider and the use of both treatments concurrently can make it difficult or impossible to determine which (if any) is providing objective benefit to the patient. In light of the above issues, the currently requested massage therapy is not medically necessary.