

Case Number:	CM14-0055059		
Date Assigned:	07/07/2014	Date of Injury:	01/23/2010
Decision Date:	08/06/2014	UR Denial Date:	04/07/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 36 year old female with an injury date on 01/23/2010. According to this report, the patient complains of low back pain. The patient underwent ESI, but this did not provide long-term benefit. She then completed the [REDACTED] Functional Restoration Program in June 2012, but continued to have pain. She then underwent L4-5 and L5-S1 lumbar fusion performed on 02/05/2013 and 2/6/2013 by [REDACTED] with improvement in both her low back and left lower extremity pain. CT of the lumbar spine on 10/03/2013 reveals L4-L5: mild central canal narrowing and mild bilateral neural foraminal narrowing on the bases of a broad-based bulge and facet arthropathy, L3-L4; a concentric broad-based bulge (3 mm), mild central canal narrowing, and mild bilateral neural foraminal narrowing, and L5-S1; concentric broad-based bulge (2 mm). There were no other significant findings noted on this report. The utilization review denied the request on 04/07/2014. [REDACTED] the requesting provider, and he provided treatment reports from 02/06/2014 to 04/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional massage therapy for the lumbar once per week for 12 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): (p60).

Decision rationale: According to the 03/26/2014 report by [REDACTED] this patient presents with lower back pain. The patient states before the therapy sessions her pain would be 3-4/10 on VAS and then after the session her pain would be minimal. The treater is requesting massage therapy for the lumbar spine 1 time a week for 12 weeks. For massage therapy, the MTUS guideline page 60, 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. In this case, review of the medical file does show the patient has had 6 sessions of myofascial release with benefit. However, there are no documentation regarding functional improvement and the request for 12 sessions appears excessive. MTUS recommends limiting massage therapy to 4-6 sessions in most cases. The request is not medically necessary.