

Case Number:	CM14-0064532		
Date Assigned:	07/11/2014	Date of Injury:	04/06/2010
Decision Date:	09/16/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/07/2014

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 Anesthesiology 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:

The injured worker is a 51-year-old male who was injured on 04/06/10. The mechanism of injury is not indicated. The injured worker's surgical history is significant for an L5-S1 fusion, right knee surgery, right ankle surgery and bilateral carpal tunnel surgeries. The dates of these surgeries are not noted however, records suggest the spinal fusion was performed in early 2013. Records indicate the injured worker is anticipating having bilateral hip replacements done. The injured worker primarily complains of thoracic, low back and hip pain. Without medications, pain is rated at an 8-9/10 and with medications pain is a 5/10. The injured worker takes Norco and Ibuprofen. The injured worker is diagnosed with osteoarthritis involving the pelvic region, lumbago, spondylosis of the lumbar region and displacement of lumbar intervertebral disc without myelopathy. X-rays of the thoracic spine dated 03/17/14 reveal a chronic T12 vertebral body fracture. Treatment for the low back and bilateral hips has included physical therapy and medications. Treatment for the thoracic injury has included chiropractic therapy, but continued chiropractic treatment has recently been denied. Clinical note dated 03/20/14 states the injured worker has reached MMI with regard to the low back. Clinical note dated 04/09/14 notes a moderate exacerbation of pain in the area of the T12 fracture and continued back and hip pain. A course of massage therapy is suggested. This is a request for 8 sessions of massage therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) sessions of Massage Therapy: 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: The request for eight sessions of massage therapy is not recommended as medically necessary. MTUS Chronic Pain Medical Treatment Guidelines support up to 4-6 visits of massage therapy in conjunction with other recommended treatments such as exercise. Guidelines do not support the approval of treatment in excess of guidelines unless exceptional factors are noted and there is documented evidence of objective/subjective improvement with previous administration of the requested modality. Records do not indicate the injured worker has received massage therapy in the past. As such, there is no evidence to support the approval of treatment outside of guideline recommendations. Moreover, the records submitted for review do not indicate that the injured worker is actively participating in an exercise program. Based on the clinical information submitted, medical necessity of massage therapy is not medically necessary.