

Case Number:	CM14-0071764		
Date Assigned:	07/16/2014	Date of Injury:	04/16/1996
Decision Date:	09/12/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/19/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 16, 1996. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated April 28, 2014, the claims administrator denied a request for six sessions of massage therapy on the grounds that the applicant had completed six earlier sessions of massage therapy without any evidence of functional improvement. A home health aide was also denied. The applicant subsequently appealed. In a progress note dated April 17, 2014, the attending provider acknowledged that the applicant was permanent and stationary. The applicant was not working with permanent limitations in place. The applicant was status post earlier cervical fusion surgery, earlier lumbar decompression surgery, and earlier carpal tunnel release surgery, it was acknowledged. The applicant had ongoing issues with lumbar spinal stenosis. The applicant had had six recent sessions of massage therapy, it was stated, and reported 5-7/10 pain with the same. The applicant stated that she needed help with cleaning her home as doing so made her fatigued. The applicant's permanent work restrictions were renewed, seemingly unchanged, while additional six sessions of massage therapy were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Massage Therapy 2 x 3 (6) Lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy topic, Physical Medicine topic Page(s): 60,98-99.

Decision rationale: As noted on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines, massage therapy is recommended only as an adjunct of other recommended treatment, such as exercise, and should be limited to four to six visits in most cases. In this case, the applicant has already had six recent sessions of treatment in 2014 alone. Additional treatment beyond the guideline is not recommended, particularly as both pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines emphasized active therapy, active modalities, and self-directed home physical medicine during the chronic pain phase of a claim as opposed to continued dependence on passive modalities such as massage. It is further noted that the attending provider's continuing to renew permanent work restrictions, seemingly unchanged, from visit to visit, suggests a lack of functional improvement as defined in MTUS 9792.20f despite the six earlier sessions of massage therapy. Therefore, the request for additional massage therapy is not medically necessary.

Home Health Assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services topic Page(s): 51.

Decision rationale: The attending provider indicated that she intended the home health aide to assist the applicant perform activities of daily living at home, such as cleaning and other household chores. However, such services are specifically not covered, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, which notes that medical treatment does not include homemaker services such as the cleaning being sought here. Therefore, the request is not medically necessary.