

Case Number:	CM14-0072634		
Date Assigned:	07/16/2014	Date of Injury:	05/30/2000
Decision Date:	08/22/2014	UR Denial Date:	05/14/2014
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 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 May 3, 2000. A utilization review determination dated May 14, 2014 recommends noncertification for 6 sessions of massage therapy for the lumbar spine. A progress report dated April 14, 2014 identifies subjective complaints of low back pain rated as 8/10. Physical examination findings identify restricted lumbar range of motion and normal strength and sensation in the lower extremities. Diagnoses include L4-5 and L5-S1 degenerative disc disease with chronic low back pain and radicular pain. The treatment plan recommends lidocaine patches, Neurontin, Vicodin, Soma, continue a home exercise program, consider MRI of the cervical spine, consider EMG/NCS of upper limbs, and consider repeat bilateral L5 transforaminal epidural steroid injection. A progress report dated April 4, 2014 identifies subjective complaints of back pain which is stable. Diagnoses include low back pain. The treatment plan recommends refilling medication and continue back exercise and stretching. Physical examination is not listed for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 massage therapy visits to lumbar spine.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Massage.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 60 of 127 Page(s): 60 OF 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Massage Therapy.

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, it is unclear if the patient has undergone massage therapy previously. If the patient has undergone massage therapy previously, there is no documentation of any objective functional improvement as a result of that therapy. Additionally, there are no recently documented objective functional deficits which are to be addressed with the currently requested massage therapy. In the absence of such documentation, the currently requested massage therapy is not medically necessary.