

Case Number:	CM14-0076455		
Date Assigned:	07/18/2014	Date of Injury:	08/31/2009
Decision Date:	09/18/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/27/2014

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 & Rehabilitation 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 30-year-old male who reported an injury on 08/31/2009; the mechanism of injury was not provided. On 03/26/2014, the injured worker presented for a followup and has been stable since the last office visit. Upon examination of the lumbar spine, there was tenderness to palpation of the right paralumbar/sciatic notch with spasm and decreased range of motion. The diagnoses were lumbar sprain/strain and neck sprain/strain. Prior therapy included medications. The provider recommended massage therapy; the provider's rationale was not provided. The Request for Authorization form was dated 03/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy one time a week for six weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

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

Decision rationale: The request for massage therapy 1 time a week for 6 weeks for the lumbar spine is not medically necessary. The California MTUS states massage therapy is recommended and should be used as an adjunct to other recommended treatments, including exercises, and

should be limited to 4 to 6 visits. Lack of long term benefits due to short treatment period or treatments such as these do not address underlying causes of pain. There is lack of documentation that the injured worker participates in an active treatment program that could be used as an adjunct to the massage therapy. The guidelines state massage is beneficial for attenuating diffuse musculoskeletal conditions; however, there are no signs and symptoms or diagnosis due to musculoskeletal symptoms that would be benefited by massage therapy. There is lack of a complete and adequate pain assessment of the injured worker. As such, the request is not medically necessary.