

Case Number:	CM14-0076540		
Date Assigned:	07/18/2014	Date of Injury:	12/14/2000
Decision Date:	09/11/2014	UR Denial Date:	05/14/2014
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 and Rehabilitation and is licensed to practice in Illinois. 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 55-year-old male who reported an injury on 12/14/2000. The mechanism of injury was not provided. The diagnosis was lumbago. The prior treatments were noted to include physical therapy, oral medications, and a lumbar epidural steroid injection. The injured worker underwent a lumbar discogram and a lumbar MRI. The surgical history was not provided. The documentation of 05/09/2014 revealed the injured worker had more spasms in the low back and in the legs. The injured worker indicated he would like to take baths to soak to help with back spasms. However, he did not have a bath tub in his apartment. The documentation indicated the muscle relaxant helped decrease spasms. The injured worker was asking if he could get a self-massager device to help with spasms. The objective findings revealed the injured worker had normal muscle tone without atrophy in the bilateral upper and lower extremities. The injured worker had spasms and guarding in the bilateral lumbar paraspinal musculature. The injured worker's medications were noted to include Ambien 5 mg tablets (1 at bedtime), Cymbalta 30 mg capsules (2 tabs daily), Norco 10/325 mg tablets (1 every 8 hours as needed for pain), Soma 350 mg tablets (1 every 8 hours), Zanaflex 4 mg tablets (1 3 times a day as needed for muscle spasms), morphine sulfate ER 60 mg tablets (2 twice a day), and Lyrica 100 mg capsules (1 tablet twice a day). The treatment plan included a self-massager for back spasms. The appeal letter indicated the injured worker had a facet injection that was not of much benefit. The injured worker had a surgical consultation, which indicated the injured worker was not a surgical candidate at this time. The documentation indicated the injured worker had continued chronic low back pain with spasms in the low back and the legs. The physician documented he was modifying the request to 6 sessions of massage therapy for the injured worker's low back. There was a DWC form RFA submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 self massager device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, low back-lumbar and thoracic(Acute&Chronic).

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

Decision rationale: The California MTUS Guidelines indicate that massage therapy should be utilized as an adjunct to other treatment and should be limited to 4 to 6 visits in most cases. It further indicates that there is a lack of long term benefit. The clinical documentation submitted for review failed to indicate the self-massager would be utilized as an adjunct to other therapy. The request as submitted failed to indicate the frequency and the duration of use, and whether the unit was for rental or purchase. Given the above, the request for 1 self massager device is not medically necessary.