

Case Number:	CM14-0079243		
Date Assigned:	07/18/2014	Date of Injury:	10/21/2013
Decision Date:	08/25/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	05/29/2014

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 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 underlying date of injury in this case is 10/21/2013. The treating diagnoses include lumbar myofascial sprain, lumbar radiculitis, thoracic radiculopathy, lumbar disc degeneration, and lumbar stenosis. The patient was seen in treating orthopedic physician follow-up on 04/10/2014 and was noted to have ongoing pain in the affected areas. The treatment plan included a continued home exercise program, over-the-counter anti-inflammatory medications, acupuncture, and authorization for massage therapy to the lumbar spine for 8 sessions using all modalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 massage therapy sessions, for the lumbar spine, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on Massage Therapy, states that massage should be limited to 4-6 visits in most cases and that massage is a passive intervention and treatment dependence should be avoided. In the chronic time-frame under review, the patient would be

anticipated to have transitioned to an independent active home rehabilitation program. Continued passive treatment is not supported by the guidelines, and the medical records do not provide an alternate rationale for its use. This request is not medically necessary.