

Case Number:	CM14-0086367		
Date Assigned:	07/23/2014	Date of Injury:	05/24/2007
Decision Date:	09/25/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/09/2014

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 Nevada. 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 records, presented for review, indicate that this 61-year-old individual was reportedly injured on May 24, 2007. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated April 24, 2014, indicated that there were ongoing complaints of low back pain (6/10). It is also reported that the medications were helping while causing hallucinations. The physical examination demonstrated an obese individual, with a restricted lumbar spine range of motion, and a positive straight leg raising at 60. Motor function was noted to be 4/5 involving the left hip, and sensory examination has decreased in the L4, L5, and S1 dermatomes. Diagnostic imaging studies were not presented. Previous treatment included lumbar fusion surgery and multiple medications. A request had been made for massage therapy for the lumbar spine and was not certified in the pre-authorization process on May 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy for the lumbar spine qty 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26.MTUS (Effective July 18, 2009) Page(s): 60 of 127.

Decision rationale: As outlined in the MTUS, massage therapy is recommended with certain situations. Particularly, this is an effective adjunct treatment to relieve acute postoperative pain in patients who had major surgery. It is noted that a major surgery had been completed and has occurred more than 2 years prior. Therefore, when noting the date of injury, the date of surgery, the surgery completed, the findings on physical examination and the medication protocols being outlined, there is no clear indication of any medical necessity of massage therapy at this time. Therefore, the request is not medically necessary.