

Case Number:	CM14-0208934		
Date Assigned:	12/22/2014	Date of Injury:	10/12/2014
Decision Date:	02/18/2015	UR Denial Date:	12/06/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 22 year old male with an injury date on 10/12/14. The patient complains of severe lumbar spine pain that is constant, aching, throbbing, and sharp per 11/19/14 report. The patient rates his pain at 8/10 on VAS scale at its worst, and is taking Prednisone and Motrin per 10/12/14 report. The patient's lower back is "still hurting" per 10/17/14 report. Based on the 11/19/14 progress report provided by the treating physician, the diagnosis is lumbar disc displacement without myelopathy. A physical exam on 11/19/14 showed "L-spine range of motion is limited, with extension at 10/25 degrees." The patient's treatment history includes medications, physical therapy (6 visits), and work restrictions (no lifting over 10 lbs). The treating physician is requesting six massage therapy sessions 3x2 weeks to the lumbar spine. The utilization review determination being challenged is dated 12/6/14 and denies request as "there are no specific, time-limited treatment goals provided." The requesting physician provided treatment reports from 10/13/14 to 11/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six Massage Therapy sessions 3x 2weeks to the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Integrated Treatment /Disability Duration Guidelines, Low Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Chapter, Massage.

Decision rationale: This patient presents with back pain. The physician has asked for six massage therapy sessions 3x2 weeks to the lumbar spine on 11/19/14. Review of the reports does not show any evidence of massage therapy being done in the past. The patient is currently undergoing physical therapy per 11/19/14 report. Regarding massage therapy, MTUS recommends as an adjunct to other recommended treatment (e.g. exercise), limited to 4-6 visits in most cases. In this case, the patient has ongoing back pain. As the patient has not had prior massage therapy sessions, the requested trial of 6 sessions appears reasonable for patient's ongoing chronic pain condition. MTUS recommends a trial of 3-6 sessions of massage therapy as an adjunct to other treatment. The request is medically necessary.