

Case Number:	CM14-0211470		
Date Assigned:	12/24/2014	Date of Injury:	08/02/2012
Decision Date:	02/27/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/16/2014

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, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of August 2, 2012. A utilization review determination dated December 1, 2014 recommends noncertification of massage therapy. A progress report dated November 14, 2014 states that the patient has undergone 12 sessions of acupuncture and 4 weeks of a Functional Restoration Program. She continues to have chronic low back pain and has undergone 5 of 6 sessions of massage therapy through PT. She states that this treatment "has been very helpful, decreasing tightness and spasms in her low back. She feels that she is making progress with the therapy and hoping that additional sessions will be recommended and requested. She reports that the massage sessions have improved her sitting tolerance and she has been trying to minimize her usage of NSAIDs since starting the therapy." Physical examination findings revealed tenderness to palpation over the lumbar paraspinal muscles with limited range of motion. She also has decreased sensation to light touch in the left L5 dermatome. The treatment plan recommends 6 additional sessions of massage therapy due to ongoing symptoms with objective improvement from the therapy already provided. The patient continues to engage in a home exercise program and trying to reduce her medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial Massage x 6 sessions for lumbar spine: Overturned

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

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

Decision rationale: Regarding the request for massage therapy, Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review, the requesting physician has identified that the patient has had significant objective improvement and reduction of medication use as a result of massage performed by physical therapy. Six additional massage therapy sessions are now being requested. Guidelines state that massage therapy treatment should be limited to 4-6 visits in most cases, but this is not an absolute restriction. In this case, the patient has responded very well, and it appears that the previous massage therapy sessions were provided by physical therapist, not a massage therapist. Additionally, the patient is concurrently using a program of home exercise and other modalities to address her pain complaints. Therefore, 6 sessions of massage therapy is reasonable to continue improving the patient's function and decrease reliance upon pain medications.