

Case Number:	CM14-0212082		
Date Assigned:	01/02/2015	Date of Injury:	12/10/2013
Decision Date:	02/27/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/18/2014

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: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

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

Injured worker is a female with date of injury 12/10/2013. Per pain management progress report dated 11/19/2014, the injured worker complains of low back pain. He has been treated with a trial of physical therapy and acupuncture which were of no benefit. He states that acupuncture actually made him worse. He had about 5 visits of acupuncture. TENS unit treatment was beneficial. He also had a course of work hardening and chiropractic treatment. He had returned to work on 7/20/2014 for about 4 weeks, but then reinjured himself. He continues to do yoga at this time, and massage on a self-directed basis. Massage therapy was the only effective modality of treatment that has worked to reduce his pain. Since not receiving massage therapy, his condition has worsened. Examination of the lumbar spine reveals extension 15 degrees, flexion 70 degrees, and spasm and guarding is noted. Gait is normal. Diagnoses include 1) sprain/strain thoracic region 2) sprain/strain of neck 3) headache, tension 4) sprain/strain lumbar region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy (low back) 1x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The MTUS Guidelines recommend the use of massage therapy as an adjunct to other recommended treatment such as exercise. It should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. A very small pilot study showed that massage can be at least as effective as standard medical care in chronic pain syndromes. Relative changes are equal, but tend to last longer and to generalize more into psychologic domains. The strongest evidence for benefits of massage is for stress and anxiety reduction, although research for pain control and management of other symptoms, including pain, is promising. The injured worker is noted to have received multiple physical medicine and chiropractic treatments including work hardening. He has also had massage on a self-directed basis, which he found helpful. He has had cognitive behavioral therapy. Passive treatments such as massage are not recommended for extended use. The request for Massage therapy (low back) 1x6 is determined to not be medically necessary.