

Case Number:	CM14-0038606		
Date Assigned:	06/27/2014	Date of Injury:	08/02/2012
Decision Date:	01/30/2015	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/01/2014

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 Family Practice, 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:

This is a 24 year old male worker that was injured when he fell to the ground landing on his back. The date of injury was August 2, 2012. Most current diagnoses include lumbar disc displacement without myelopathy and pain in thoracic spine. On September 26, 2012, an MRI of the lumbar spine revealed L5-S1 level 3-4 mm right foraminal disc protrusion with moderate right foraminal stenosis and mild effacement of the right L5 nerve root. There was also mild disc bulging at the remaining levels without focal disc herniations. On December 17, 2013, he underwent radiofrequency ablation of bilateral L3 facet nerve and radiofrequency ablation of bilateral L4 and L5 facet nerves. On January 29, 2014, he stated that his pain had increased since the procedure and he was now back to baseline. The pain was noted in the right lower back and when he is active it radiated into the right buttock. He also complained of some muscle spasm. He rated the pain a 6 on a 1-10 pain scale. The pain was noted to decrease to a 4-5 on the pain scale with medication. He also noted relief of the pain when he massaged his painful areas. Treatment modalities also included physical therapy, exercises, chiropractic treatment and acupuncture. He stated no benefit from the chiropractic treatment and acupuncture. A request was made for massage therapy x 6 visits for the low back. On March 26, 2014, utilization review denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy x 6 visits low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 80.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 530 and 531, Chronic Pain Treatment Guidelines Pain Interventions and Treatments
Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low
Back - Lumbar & Thoracic (Acute & Chronic), Massage therapy x 6 visits to the low back.

Decision rationale: Guidelines state this treatment is recommend generally for only 4-6 visits
and as an adjunct to other recommended treatment such as a home exercise program.
Documentation shows the patient has benefited from massage previously but there is no
documentation of how many session of massage therapy patient has already done or that it is to
be used as adjunctive treatment. This request is not reasonable and it is not congruent with
guidelines; therefore, the above request is not medically necessary.