

Case Number:	CM14-0072618		
Date Assigned:	07/16/2014	Date of Injury:	10/27/2005
Decision Date:	01/28/2015	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/19/2014

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 Rehab, has a subspecialty in Interventional spine 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:

The patient is a 61-year-old female with an injury date of 10/27/05. Based on the 07/15/13 progress report, the patient complains of chronic low back pain but no further details are provided. Physical examination of 03/08/13 of the lumbar spine reveals impaired range of motion. Patient has not tried massage previously; however TENS unit usage was reported on 03/08/13. No imaging studies are provided in the documentation. Diagnosis on 03/08/13 is chronic low back pain. Per progress notes of 07/15/13, treater reason for the request is "to improve circulation and decrease congestion in the injured region and to decrease or prevent muscle spasm and muscle atrophy." The utilization review determination being challenged is dated 05/12/14. The rationale was "The claimant presented with no significant functional deficits or goals to substantiate the necessity for this treatment which is passive in nature to address an injury from 2005. As per guidelines this passive therapy is recommended as an option in conjunction with recommended exercise program." Treatment reports were provided from 03/08/13 to 07/15/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy one (1) time a week for four (4) weeks for the Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: Patient presents with chronic low back pain. The request is for massage therapy one (1) time a week for four (4) weeks for the lumbar spine. Review of the reports do not show that the patient has had massage therapy in the past. The utilization review letter does not reference prior massage therapy either. The patient has tried TENS unit per 3/8/13 without much benefit. The MTUS Guidelines under its Chronic Pain Section page 60 has the following regarding massage therapy, "Recommended as an option as indicated below. This 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." MTUS Guidelines also state that massage therapy is beneficial in accentuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. This is a passive intervention and dependence should be avoided. In this case, treater's request for four sessions does not exceed what is recommended by MTUS and it does not appear that the patient has tried this modality. The patient does present with chronic pain. MTUS supports trial of massage and the request is medically necessary.