

Case Number:	CM15-0001051		
Date Assigned:	01/13/2015	Date of Injury:	12/14/2000
Decision Date:	03/17/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/05/2015

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: Family Practice

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 injured worker is a 55 year old male, who sustained an industrial injury on 12/14/2000. He has reported low back pain. The diagnoses have included lumbar disc displacement without myelopathy and lumbago. Treatment to date has included medications and lumbar facet injection (which did not benefit the Injured Worker). Diagnostic studies include lumbar (MRI) magnetic resonance imaging (10/4/11) and (11/19/02) and lumbar discogram 11/25/03. Currently, the Injured Worker complains of low back pain with radiation to bilateral lower extremities, it is worse with walking, standing and bending at the waist. Physical exam dated 12/11/14 noted limited lumbar range of motion, tenderness on palpation over the lower lumbar facet joints bilaterally and decreased sensation in the dermatomes. On 12/30/14 Utilization Review non-certified 6 massage therapy visits, noting the massage should be an adjunct to other recommended treatment and should be limited to 4-6 visits. The MTUS, ACOEM Guidelines, was cited. On 1/12/15, the injured worker submitted an application for IMR for review of 6 massage therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 message therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Message Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98.

Decision rationale: Based on guidelines physical medicine can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. There should be documented functional improvement. There should be a home exercise program. Based on the medical records there is no documentation that the patient has had improvement with previous physical therapy or if there is a home exercise program and thus not medically necessary.