

Case Number:	CM15-0101862		
Date Assigned:	06/04/2015	Date of Injury:	05/01/2002
Decision Date:	07/02/2015	UR Denial Date:	05/10/2015
Priority:	Standard	Application Received:	05/27/2015

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: Physical Medicine & Rehabilitation

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 57-year-old female, with a reported date of injury of 05/01/2002. The diagnoses include lumbar postlaminectomy syndrome, lumbar spine degenerative disc disease, lumbosacral neuritis, and failed lumbar laminectomy syndrome. Treatments to date have included spinal cord stimulator trial, and oral medication. The follow-up office note dated 05/15/2015 is handwritten. The note indicates that the injured worker had persistent and constant low back pain. It was noted that the medications were effective in helping the injured worker manage the pain and they improved her function. The muscle spasm was better relieved with Tizanidine. The injured worker was sleeping better. The physical examination showed myofascial spasms of the mid and lower back bilaterally, tenderness to palpation of the lumbar spine, tenderness to palpation of the sacroiliac joint, and myofascial spasm of the quadratus lumborum muscle bilaterally. The treating physician requested twelve (12) massage therapy sessions. The rationale for the request was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 massage therapy sessions: Upheld

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

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

Decision rationale: Massage is recommended for time-limited use in subacute and chronic pain patients without underlying serious pathology and as an adjunct to a conditioning program that has both graded aerobic exercise and strengthening exercises; however, this is not the case for this chronic injury status post significant conservative physical therapy currently on an independent home exercise program without plan for formal physical therapy sessions. The patient has remained functionally unchanged. A short course may be appropriate during an acute flare-up; however, this has not been demonstrated nor are there any documented clinical change or functional improvement from treatment rendered previously. Without any new onset or documented plan for a concurrent active exercise program, criteria for massage therapy have not been established per MTUS Chronic Pain Guidelines. The 12 massage therapy sessions are not medically necessary and appropriate.