

Case Number:	CM15-0105497		
Date Assigned:	06/09/2015	Date of Injury:	03/20/2014
Decision Date:	07/16/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/01/2015

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: Chiropractor

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 26 year old, male who sustained a work related injury on 3/20/14. He lifted implement heavy chain weighing about 70 pounds when he pulled his neck and low back. While he was lifting, he felt pain in his feet also. The diagnoses have included chronic low back pain, neck pain, bilateral shoulder pain and status post left shoulder surgery. Treatments have included physical therapy, medications, left shoulder surgery, acupuncture and lumbar epidural injections. In the PR-2 dated 5/5/15, the injured worker complains of low back and left shoulder pain. He has pain that radiates down both legs intermittently. He rates the lower back pain a 6/10 with medications and 9-10 without medications. He rates his left shoulder pain a 4/10 with medications and an 8/10 without medications. He has decreased range of motion in his left shoulder. He has tenderness across the lumbosacral junction and over the lumbar paraspinal regions. He has positive straight leg raises. The treatment plan includes a request for a short course of massage therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 massage therapy visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 4-6 visits in most cases
Page(s): 60.

Decision rationale: The claimant presented with chronic low back pain despite previous treatment with medications, physical therapy, acupuncture, injections, and home exercises. Current progress report dated 05/05/2015 by the treating doctor did not document any recent flare-up, there is no objective finding of myospasm in the low back, and there is no diagnoses of myofascial pain in the report. Therefore, the request for 6 massage therapy visits is not medically necessary based on the available medical reports.