

Case Number:	CM15-0107790		
Date Assigned:	06/12/2015	Date of Injury:	06/03/2012
Decision Date:	07/13/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/04/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 38 year old female who sustained an industrial injury on 06/03/2012. Treatment provided to date has included: physical therapy, chiropractic therapy (6), injections, medications, and conservative therapies/care. Diagnostic tests performed include: MRI of the lumbar spine (04/16/2015) showing degenerative changes, and mild facet hypertrophy; and MRI of the thoracic spine (04/16/2015) showing multilevel pedicular screw placement along the thoracic spine resulting in artifact distortion of the rest of the thoracic spine. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 04/24/2015, physician progress report noted complaints of low back pain. Pain is rated as 7 (0-10) with medications (9/10 without medications), and described as persistent/ongoing without change. Additional complaints include poor sleep. Current medications consist of Lidoderm patches, Thermacare heat wrap, Celebrex, cyclobenzaprine, Rozerem, hydrocodone, and Metoprolol. The physical exam revealed a slow antalgic gait without assistive device, sever scoliosis of the thoracic spine, restricted range of motion in the thoracic spine, tenderness and hypertonicity over the bilateral thoracic paravertebral musculature, scoliosis of the lumbar spine, restricted range of motion in the lumbar spine, tenderness to palpation of the paravertebral muscles in the both sides of the lumbar spine, positive facet loading bilaterally in the lumbar spine, positive straight leg raises bilaterally, positive Faber and pelvic compression tests, tenderness over the sacroiliac spine, and trigger point with radiating pain and twitch response on palpation at the bilateral piriformis muscles. There was also decreased sensation to light touch over the medial foot bilaterally. The provider noted diagnoses of thoracic spine degenerative disc disease, low back pain and lumbar

facet syndrome. A S1 facet injection was reported to have decreased the injured worker's pain by 50-60%. Plan of care includes 6 sessions of massage therapy, continued medications, home exercise program, and follow-up. The injured worker's work status remained as modified/restricted. Requested treatments include 6 sessions of massage therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 6 sessions, Massage Therapy, Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 165 - 188, 287 - 316, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 - 99.

Decision rationale: The patient is a 38 year old female with an injury on 06/03/2012. She has back pain. She had physical therapy, chiropractic therapy, injections and medications for treatment. She has completed physical therapy and should have been transitioned to a home exercise program. There is no documentation that continued passive or active physical therapy is superior to a home exercise program at this point in time relative to the injury. There is no documentation that passive therapy (massage is a passive physical therapy) is indicated at this point in time years after the injury. Massage therapy is a passive therapy that is not recommended in MTUS, ACOEM Chapter 12. Also the requested 6 visit of massage therapy exceed the maximum number of physical therapy visits as noted in MTUS, Chronic Pain guidelines. The request is not medically necessary.