

<b>Case Number:</b>	CM15-0131349		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	03/20/2002
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 64-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 30, 2002. In a Utilization Review report dated July 2, 2015, the claims administrator failed to approve requests for massage therapy and Nexium. The claims administrator did retrospectively approve x-rays of the lumbar spine, however, and partially approved Norco and Zanaflex, it was reported. An RFA form dated June 24, 2015 and a progress note dated June 15, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On an RFA form dated June 24, 2015, six sessions of massage therapy were sought. In an associated progress note dated June 15, 2015, the applicant reported ongoing complaints of low back pain status post multiple failed spine surgeries. The applicant was given prescriptions for Zanaflex, Norco, and Nexium. It was not stated for what purpose Nexium was being employed. The applicant had undergone an L2-L3 lumbar fusion surgery on February 3, 2015, it was reported. X-rays demonstrated a stable indwelling graft. The applicant had had postoperative therapy. Permanent work restrictions were renewed. It did not appear that the applicant was working with said limitations in place, although this was not explicitly stated. The applicant's gastrointestinal review of systems was negative. There was no mention of the applicant having issues with reflux, heartburn, and/or dyspepsia on this date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nexium 40 mg, thirty count with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** No, the request for Nexium, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Nexium are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant having issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on the June 15, 2015 progress note at issue. It was not stated for what issue, diagnosis, and/or purpose Nexium was being employed, nor was it clearly stated whether or not Nexium was or was not effective for whatever purpose it was being employed. Therefore, the request was not medically necessary.

**Massage therapy for the lumbar spine, once weekly for six weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Similarly, the request for six sessions of massage therapy was likewise not medically necessary, medically appropriate, or indicated here. The applicant was still within the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier spine surgery of February 5, 2015 as of the date of the RFA form, June 24, 2015. While the MTUS Postsurgical Treatment Guidelines do support a general course of 34 sessions of treatment following lumbar fusion surgery, as transpired here, this recommendation is, however, qualified by commentary made in MTUS 9792.24.3.c5c to the effect that modalities such as the massage treatment at issue should only be performed in conjunction with other active treatments and that usage of such modalities should be minimize in favor of active physical rehabilitation and independent self-management. Here, the attending provider did not state why he was proposing massage therapy relatively late in the postsurgical physical medicine treatment, i.e., approximately four and a half months removed from the date of surgery. The attending provider's request for massage therapy at this relatively late stage in the postsurgical physical medicine treatment period, thus, ran counter to the principle articulated in MTUS 9792.24.3.c5c to the effect that usage of passive modalities should be minimized in favor of active physical rehabilitation. Therefore, the request was not medically necessary.