

Case Number:	CM15-0133583		
Date Assigned:	07/21/2015	Date of Injury:	02/15/2012
Decision Date:	08/18/2015	UR Denial Date:	07/03/2015
Priority:	Standard	Application Received:	07/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 52 year old female sustained an industrial injury on 2/15/12. She subsequently reported upper back, shoulder, head, low back and sacral area pain. Diagnoses include lumbar radiculopathy, lumbar degenerative joint disease and failed back syndrome. Treatments to date include MRI testing, back surgery, spinal cord stimulator and prescription pain medications. The injured worker continues to experience upper, mid and low back pain. Upon examination, gait was antalgic and unsteady with the use of a cane. Lumbar range of motion is restricted due to pain. Hypertonicity is noted in the paravertebral muscles bilaterally. Straight leg raising is positive on the right side in sitting at 65 degrees. A request of massage therapy evaluation QTY: 1.00 and massage therapy treatment (sessions) QTY: 6.00 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy evaluation QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Independent Medical Examinations and Consultations, Chapter 7 page 127.

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

Decision rationale: The claimant sustained a work injury in February 2012 and is being treated for chronic neck pain including a diagnosis of failed back surgery syndrome. When seen, medications were providing pain relief. Physical examination findings included a BMI of over 32. There was decreased and painful lumbar spine range of motion with increased muscle tone. Straight leg raising on the right was positive. There was decreased right lower extremity strength and sensation and a decreased right ankle reflex. An evaluation for massage therapy and six treatment sessions was requested. The claimant indicated that prior massage treatments had greatly helped her pain. Massage therapy is recommended as an option. It should be an adjunct to other recommended treatments such as exercise. Guidelines recommend that it should be limited to 4-6 visits in most cases. In this case, there is no adjunctive treatment being planned and the claimant's history of prior massage treatments in terms of number of treatments and when they were provided is unknown. This request was not medically necessary.

Massage therapy treatment (sessions) QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy; Physical Medicine Guidelines Page(s): 66, 99.

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

Decision rationale: The claimant sustained a work injury in February 2012 and is being treated for chronic neck pain including a diagnosis of failed back surgery syndrome. When seen, medications were providing pain relief. Physical examination findings included a BMI of over 32. There was decreased and painful lumbar spine range of motion with increased muscle tone. Straight leg raising on the right was positive. There was decreased right lower extremity strength and sensation and a decreased right ankle reflex. An evaluation for massage therapy and six treatment sessions was requested. The claimant indicated that prior massage treatments had greatly helped her pain. Massage therapy is recommended as an option. It should be an adjunct to other recommended treatments such as exercise. Guidelines recommend that it should be limited to 4-6 visits in most cases. In this case, there is no adjunctive treatment being planned and the claimant's history of prior massage treatments in terms of number of treatments and when they were provided is unknown. This request was not medically necessary.