MAXIMUS Federal Services

Case Number:	CM15-0138244		
Date Assigned:	07/28/2015	Date of Injury:	08/30/1999
Decision Date:	08/26/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/16/2015

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, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency 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 injured worker is a 47 year old male, who sustained an industrial injury on August 30, 1999, incurring upper and lower back injuries from cumulative trauma at work. A cervical Magnetic Resonance Imaging revealed disc disease with canal narrowing and stenosis. Lumbar Magnetic Resonance Imaging showed disc disease. She was diagnosed with lumbar disc disease, lumbar radiculopathy, and cervical disc disease. She underwent a cervical laminectomy and a lumbar laminectomy. Treatment included pain medications, transcutaneous electrical stimulation unit, epidural steroid injection, topical analgesic patches, muscle relaxants, sleep aides, and activity restrictions. Currently, the injured worker complained of neck pain and back pain radiating to the lower back and down both legs. The treatment plan that was requested for authorization included six additional sessions of massage therapy to the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional sessions of massage therapy, low back: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Guidelines state that massage therapy is recommended for short term relief as an adjunct to other recommended treatment and should be limited to 4-6 visits in most cases. Patients are expected to continue active therapy at home in order to maintain improvement levels. In this case, the patient has completed 6 massage sessions and there is no rationale for continuing massage therapy. The request for 6 massage therapy sessions is not medically necessary and appropriate.