

Case Number:	CM15-0140250		
Date Assigned:	07/30/2015	Date of Injury:	09/06/2012
Decision Date:	08/26/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/20/2015

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: Physical Medicine & Rehabilitation

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 51 year old male, who sustained an industrial injury on September 06, 2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, sacrum disorders, depression, sciatica, unspecified major depression, generalized anxiety disorder, and psychogenic pain not elsewhere classified. Treatment and diagnostic studies to date has included electromyogram, epidural steroid injection, massage therapy, medication regimen, and psychotherapy. In a progress note dated May 28, 2015 the treating physician reports complaints of pain to the low back that radiates to the right lower extremity. Examination reveals decreased sensation at the lumbar four and the right lumbar five dermatomes along with spasm and guarding to the lumbar spine. The treating physician noted three prior sessions of massage therapy noting a 50% pain reduction from prior massage therapy. The treating physician requested six sessions of massage therapy with the treating physician noting that the injured worker wanted to continue with conservative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy (6 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy, page 60.

Decision rationale: Massage is recommended for time-limited use in subacute and chronic pain patients without underlying serious pathology and as an adjunct to a conditioning program that has both graded aerobic exercise and strengthening exercises; however, this is not the case for this chronic 2012 injury status post significant conservative physical therapy currently on an independent home exercise program without plan for formal physical therapy sessions. The patient has remained functionally unchanged. A short course may be appropriate during an acute flare-up; however, this has not been demonstrated nor are there any documented clinical change or specific functional improvement from treatment rendered previously. Without any new onset or documented plan for a concurrent active exercise program, criteria for massage therapy have not been established per MTUS Chronic Pain Guidelines. The Massage therapy (6 sessions) is not medically necessary and appropriate.