

Case Number:	CM15-0140377		
Date Assigned:	07/30/2015	Date of Injury:	07/26/2010
Decision Date:	09/02/2015	UR Denial Date:	07/15/2015
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: 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 56-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 26, 2010. In a Utilization Review report dated July 15, 2015, the claims administrator failed to approve a request for 12 sessions of massage therapy. The claims administrator referenced a July 10, 2015 RFA form and an associated July 8, 2015 progress note in its determination. The claims administrator referenced earlier electrodiagnostic testing of the upper extremities of December 9, 2013 notable for moderate right and mild-to-moderate left-sided carpal tunnel syndrome. The applicant's attorney subsequently appealed. In an appeal letter dated August 3, 2015, the attending provider also joined in the appeal. The attending provider appealed various denials for Flexeril, Ultracet, topical diclofenac, and 12 sessions of massage therapy. The attending provider suggested that the applicant was working with restrictions in place. The attending provider stated that the applicant had had earlier unspecified amounts of massage therapy over the course of the claim. The attending provider then stated that he now felt that six sessions of massage therapy were more appropriate than the 12 sessions initially requested. On July 8, 2015, the applicant reported ongoing complaints of low back pain. The applicant was apparently considering facet injections. The applicant was using tramadol, Flexeril, and topical diclofenac, it was acknowledged at this point. Twelve sessions of massage therapy were endorsed. The attending provider stated that the applicant had self-procured massage therapy in the past but suggested that the applicant's claims administrator may not necessarily pay for the same. A permanent 30-pound lifting limitation was renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy sessions (lumbar) 1 time a week for 12 weeks: 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; Physical Medicine Page(s): 60; 98.

Decision rationale: No, the request for 12 sessions of massage therapy was not medically necessary, medically appropriate, or indicated here. The 12-session course of massage therapy at issue, in and of itself, represents treatment in excess of the four to six visits to which massage therapy should be limited in "most cases," per page 60 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider failed to furnish a clear or compelling rationale for treatment at a rate two to three times MTUS parameters. It is further noted that the applicant had already had earlier unspecified amounts of massage therapy prior to the date of the request, the treating provider suggested on a progress note of July 8, 2015, some of which may have been self-procured. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that passive therapies, as a whole, should be employed "sparingly" during the chronic pain phase of treatment. The request for 12 sessions of massage therapy, thus, suggests reliance on massage therapy, a passive modality, and, thus, runs counter to both pages 60 and 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.