

Case Number:	CM15-0142563		
Date Assigned:	08/03/2015	Date of Injury:	03/05/1999
Decision Date:	08/31/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/22/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 65 year old, who sustained an industrial injury on 3-5-1999. They reported a low back injury from a slip and fall. Diagnoses include post lumbar laminectomy syndrome with right L5 radiculopathy. Treatments to date include medication therapy, physical therapy, trigger point injections and epidural steroid injections. Currently, they complained of stable back pain with increasing symptoms to lower extremities. On 1-27-15, the physical examination documented palpable trigger point to the low back and buttocks and weakness in right L5-S1 distribution. Trigger point injections were provided on this date. The plan of care included six additional massage therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy-massage therapy 1 time a week for 6 weeks (6) lumbar and/or sacral vertebrae (vertebra NOC trunk): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy and Massage therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy - massage therapy one time per week times six weeks to the lumbar and or sacral vertebra (vertebra NOC trunk) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Massage is a passive intervention and considered an adjunct to other recommended treatment; especially active interventions (e.g. exercise). Massage therapy should be limited to 4-6 visits in most cases. See the guidelines for details. Massage therapy is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. In this case, the injured worker's working diagnosis is post laminectomy syndrome with right L5 radiculopathy. The date of injury is March 5, 1999. The documentation indicates the injured worker was last seen January 2015. The injured worker lives in [REDACTED]. According to an April 15, 2015 progress note, the injured worker received 12 physical therapy sessions. According to a June 1, 2015 progress note, the injured worker received 25 sessions of physical therapy. The treating provider is requesting an additional six sessions of physical therapy and massage therapy. There are no compelling clinical facts in the medical record indicating additional visible therapy (over the recommended guidelines) is clinically warranted. According to a progress note dated May 6, 2015 by the requesting provider there is a request for additional physical therapy present, however there is no physical examination in the record. After 25 sessions of physical therapy, the injured worker should be well versed in the exercises performed during therapy to engage in a home exercise program. Consequently, absent compelling clinical documentation indicating additional physical therapy is clinically warranted, documentation demonstrating objective functional improvement after 25 physical therapy sessions and no contraindication to a home exercise program, physical therapy - massage therapy one time per week times six weeks to the lumbar and or sacral vertebra (vertebra NOC trunk) is not medically necessary.