

Case Number:	CM15-0146399		
Date Assigned:	08/07/2015	Date of Injury:	10/12/2012
Decision Date:	09/09/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/28/2015

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: Indiana, Michigan, California
 Certification(s)/Specialty: Family Practice

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 41 year old female who experienced a work related injury on October 12, 2012. Diagnoses are lower back pain, upper back pain, lumbar strain with radicular symptoms, neck pain, headaches and left hip and groin pain. Diagnostics include a MRI of the lumbosacral spine on December 11, 2014 consistent with disc protrusions of L4-5 and L5-S1. Treatments have been nerve blocks, medications and massage therapy. Request is for massage therapy of the lumbar spine, quantity eight.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy for the lumbar spine, Qty 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
 Massage therapy.

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

Decision rationale: Massage therapy was initiated and in July 2015 with completion of three sessions was stopped due to soreness. Chart review did indicate some improvement after the

initial sessions. The request is now for additional massage therapy sessions at a quantity of eight. Guidelines recommend massage as an option and as an adjunct to other treatment and should be limited to 4-6 sessions and state that: "Massage is a passive intervention and treatment dependence should be avoided". Based on current guidelines, massage therapy for the lumbar spine, quantity 8 is not medically necessary or appropriate.