

Case Number:	CM15-0148867		
Date Assigned:	08/12/2015	Date of Injury:	05/04/2013
Decision Date:	09/14/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/31/2015

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, North Carolina
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 63 year old male, who sustained an industrial injury on 5-4-2013. The mechanism of injury is unknown. The injured worker was diagnosed as having post laminectomy lumbar syndrome and sciatica in the right leg. There is no record of a recent diagnostic study. Treatment to date has included lumbar epidural steroid injection, Pilates, massage therapy and medication management. In a progress note dated 6-29-2015, the injured worker complains of intermittent low back pain and increased spasm. Physical examination showed lumbar and sacroiliac tenderness, muscle spasm and hypertonicity. The treating physician is requesting 12 sessions of massage therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of massage therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 142-3, Chronic Pain Treatment Guidelines Massage therapy.

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

Decision rationale: CA MTUS Guidelines state that massage therapy is recommended as an option when used as an adjunct to other recommended treatments. Massage is a passive intervention and treatment dependence should be avoided. The strongest evidence for benefits of massage is for stress and anxiety reduction. In this case, it appears that massage therapy is indicated, however the request for 12 sessions exceeds the guideline recommendations of 4-6 sessions. Therefore the request is not medically necessary or appropriate.