

Case Number:	CM15-0162865		
Date Assigned:	08/31/2015	Date of Injury:	09/08/2012
Decision Date:	09/30/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/19/2015

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: 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 injured worker is a 53 year old male who sustained an industrial injury on 09-08-2012. Mechanism of injury occurred when pulling a cart with catering supplies. He had a new injury or an aggravation of his initial injury on 12-18-2014 when he tried to move a heavy box off his coworker to save his life and has had an increase in his lower back pain. Diagnoses include chronic low back pain and left leg pain. Treatment to date has included diagnostic studies, medications, acupuncture, Botox injections, status post L4-L5 discectomy on 11-13-2013, and epidural steroid injections. He continues to work full time. His medications include Norco, Percocet, Motrin, Tizanidine and Gabapentin. A Magnetic Resonance Imaging of the lumbar spine on 02-16-2015 reveals disc desiccation at L5-S1 and an annular tear at this level with a posterior disc protrusion. There is mild stenosis at L4-L5. The S1 nerve looks displaced, and there is L4-5 left sided disc material displacing the left L5 nerve root. A physician progress note dated 08-03-2015 documents the injured worker complains of increased low back pain with radiating symptoms down the left lower extremity. He has tenderness to the lumbar paraspinal muscles with spasm. He has decreased lumbar range of motion in all planes. Treatment requested is for Massage therapy for the lower back, quantity: 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy for the lower back, quantity: 6 sessions: Overturned

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 Section Page(s): 60.

Decision rationale: Per MTUS guidelines, massage therapy should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow up. Massage 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. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. In this case, the injured worker continues to work and is awaiting approval for physical therapy. The request for massage therapy for the lower back, quantity: 6 sessions is medically necessary.