

Case Number:	CM15-0164343		
Date Assigned:	09/01/2015	Date of Injury:	03/01/2011
Decision Date:	10/05/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/21/2015

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: New Jersey
 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 52 year old male, who sustained an industrial injury on 3-01-2011. Multiple work related injuries were noted. The injured worker was diagnosed as having low back pain and neck pain. Treatment to date has included diagnostics, mental health treatment, acupuncture, unspecified massage, and medications. Urine drug screen (11-2014) was documented as consistent. Currently, the injured worker complains of ongoing neck and back pain. He reported that it was over a year since he had massage therapy and requested sessions. He was having more pain from the low back going to the right lower extremity, into the buttock and posterior thigh. Norco reduced pain from 9 out of 10 to 7 out of 10. This allowed him to be more active, improved his mood, and he slept better. Other medications included Celebrex, Relafen, Prilosec, Effexor, and Zanaflex. No aberrant behavior was described. Exam noted tenderness to palpation of the lumbar paraspinal muscles and increased sensitivity over the right buttock and posterior thigh. The treatment plan included 6 sessions of massage therapy and urine drug screen. Work status was modified and he was not working. Pain levels were increasing over several months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy to the low back, 6 sessions: 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 Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower Back section, Massage.

Decision rationale: The MTUS Chronic Treatment Guidelines recommend massage therapy (up to 4-6 visits in most cases) as an adjunct to other recommended treatments such as exercise and may be helpful at attenuating diffuse musculoskeletal symptoms as well as anxiety and stress reduction. Passive treatments such as massage can lead to dependence and are not recommended for frequent sessions. Massage may be recommended for acute injuries, chronic pain (if not already trialed), and post-operatively. The ODG states that mechanical massage devices are not recommended. The ODG also allows massage therapy to continue beyond the trial period up to a total of 18 visits over 6-8 weeks with evidence of objective functional improvement. In the case of this worker, there was report of the worker having tried massage therapy for his back with some short-term benefit, however, this was not elucidated to the point of revealing how many massage therapy sessions were attended and the functional gains which resulted from these sessions in the past, which would be required before considering any additional massage therapy years after the initial injury. Also, there was no evidence to suggest the worker was experiencing an acute flare up of low back pain. Therefore, this request for massage therapy in any requested is not medically necessary at this time.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43, 77, 78, 86.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time and afterwards yearly or more frequently in settings of increased risk of abuse, in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, there is record of using opioids which might require drug urine screening, however, there is frequent screening being completed on this worker without evidence of any aberrant behavior or abnormal testing to suggest it needs to be as frequent as is being done. A recent urine drug screen was normal. Therefore, the request for urine drug screen is not medically necessary.

