

Case Number:	CM15-0166659		
Date Assigned:	09/04/2015	Date of Injury:	10/21/2014
Decision Date:	10/08/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/25/2015

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: Chiropractor

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 39 years old male presented with pain in the thoracic spine secondary to multiple fractures and lumbar spine pain due to lumbar disc displacement, date of injury is 10/21/2014. Previous treatments include medications and physical therapy. Progress report dated 08/03/2015 noted patient with antalgic gait, tender to palpation of the thoracic spine and lumbar paraspinal muscles, right greater than left, spasm, guarding, and hypertonicity in thoracic paraspinal muscle. Diagnosis included multiple thoracic vertebral fx, lumbar disc displacement without myelopathy, sciatica. Treatments plan include medications, physical therapy, and 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 Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Massage therapy (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back/Massage.

Decision rationale: The claimant presented with chronic thoracic and lumbar spine pain. Recent progress report dated 08/03/2015 noted claimant was treated in the emergency room 2 days ago with severe pain. While MTUS guidelines do not address massage therapy, ODG guidelines recommend a trial of 6 massage therapy sessions, given in conjunction with and exercise program. Based on the guidelines cited, the request for 12 sessions of massage therapy exceeded the guidelines recommendations. Therefore, it is not medically necessary.