

Case Number:	CM15-0167867		
Date Assigned:	09/08/2015	Date of Injury:	09/09/2008
Decision Date:	10/13/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/26/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 54-year-old male who sustained an industrial injury on 09-09-2008 due to a fall. Diagnoses include right lumbar radiculopathy with subjective and objective weakening and increasing symptoms; status post lumbar fusion at L3-4 to L5-S1; thoracolumbar spine pain; and neck pain with headaches. Treatment to date has included medications, spinal fusion, physical therapy and home exercise program. According to the progress notes dated 7-31-2015, the injured worker reported low back pain and right lower extremity weakness, thoracic back pain and neck pain. He stated he had a feeling of "whooshing or blood flowing" to his pelvis recently while extending his spine; he wondered if this was a pinched nerve above the level of his spinal fusion. He also reported he had returned to work after being off for four years and was not taking any pain medication. He rated his pain 2 to 5 out of 10. He had difficulty standing on his toes and heels. He had good results with massage therapy in the past for treatment of spasms in the thoracolumbar spine; he wanted to consider this and possibly acupuncture to treat his pain. On examination, there was some weakness on the right lower extremity and sensation was reduced in the right L5 and S1 dermatome. Knee and ankle reflexes were 1+. The right gastrocnemius was atrophied compared to the left. There was pain with lumbar flexion and extension and tenderness over the paraspinal muscles. Straight leg raise was positive on the right side. Heel-toe gait was normal. The treatment plan included electrodiagnostic testing to check for radiculopathy, MRI imaging to assess for degenerative changes in the cervical and thoracic spine, scoliosis imaging to assess the angulation and

massage therapy for treatment of spasms. A request was made for six sessions of massage therapy for the lumbar spine and scoliosis imaging x-ray.

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 six sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

Decision rationale: The patient presents with diagnoses include right lumbar radiculopathy with subjective and objective weakening and increasing symptoms; status post lumbar fusion at L3-4 to L5-S1; thoracolumbar spine pain; and neck pain with headaches. The patient currently complains of low back pain and right lower extremity weakness, thoracic back pain and neck pain. The UR 8/11/15 (6A) dated notes the patient has completed 9 visits of massage therapy to date. The current request is for six sessions of Massage Therapy for the lumbar spine. The treating physician states on 6/19/15 (106B) the patient "has had good results with massage therapy in the past to help with of spasms in the thoracolumbar spine." MTUS supports massage therapy as an adjunct to other recommended treatment such as exercise and states that it should be limited to 4-6 visits in most cases. Massage is also an effective adjunct treatment to relieve acute postoperative pain. In this case, the patient has previously completed 9 sessions of massage therapy. The current request for 6 additional sessions exceeds what MTUS allows for this type of therapy. The current request is not medically necessary.

Scoliosis imaging X-Ray: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, Low Back Chapter, Radiography (x-rays).

Decision rationale: The patient presents with diagnoses include right lumbar radiculopathy with subjective and objective weakening and increasing symptoms; status post lumbar fusion at L3-4 to L5-S1; thoracolumbar spine pain; and neck pain with headaches. The patient currently complains of low back pain and right lower extremity weakness, thoracic back pain and neck pain. The current request is for Scoliosis imaging X-Ray. The treating physician states on 7/31/15 (120B) "Because the patient has a history of scoliosis, we would like scoliosis imaging to obtain a better understanding of the angle and whether he is developing increased angulation from further degeneration which may indicate further surgery." ODG states the following with regards to X-rays of the low back: "Lumbar spine radiography should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. However, some providers feel it "may" be appropriate when the physician believes it would aid in patient expectations and management." In this case,

the treating physician clearly documents how the X-ray would aid in patient management and treatment planning. The current request is medically necessary.