

Case Number:	CM15-0169950		
Date Assigned:	09/03/2015	Date of Injury:	08/02/2012
Decision Date:	10/06/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/28/2015

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 33 year old female, who sustained an industrial injury on 8-02-2012. She reported low back pain from lifting-twisting. The injured worker was diagnosed as having lumbar disc degeneration, lumbar disc displacement without myelopathy, sacrum disorders, and other pain disorders related to psychological factors. Treatment to date has included diagnostics, physical therapy, massage therapy, acupuncture, Functional Restoration Program, home exercise, and medications. Currently, the injured worker complains of frequent flare ups of low back pain that sometimes made her incapacitated. She reported radiation into the right buttock, thigh, and great toe area. She still had burning pain in both feet and spasms in both legs. She reported benefit from myofascial massage therapy, with the last treatment documented as several weeks ago (4-02-2015 to 5-07-2015). She wished to get additional myofascial massage therapy. She continued to have severe depression and occasional suicidal thoughts. Medications included Nabumetone, Ultracet, and Protonix. Current pain was rated 6 out of 10 and she reported that pain was 9 out of 10 prior to massage therapy. It was documented that she was previously utilizing a transcutaneous electrical nerve stimulation unit during physical therapy, which was helpful. The treatment plan included additional myofascial-massage therapy for the lumbar spine x6 and 30-day trial of H wave unit. Her work status was permanent and stationary and she was not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial/massage therapy 6 sessions for lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: CA MTUS Guidelines states that massage should be used as an adjunct to other recommended treatment (e.g. exercise) and should be limited to 4-6 visits in most cases. Massage is a passive intervention and treatment dependence should be avoided. Strongest evidence for the benefits of massage is for stress and anxiety reduction. In this case, the patient receives 3-4 days of relief following each session, but no long-term relief. The patient has already received six sessions, so any further would exceed guidelines. Therefore, the request is not medically necessary or appropriate.

30 day trial of H-wave unit for lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: The request is for an H-wave stimulation unit in a patient with chronic low back pain. H-wave is not recommended as an isolated intervention, but a one-month home-based trial of H-wave may be considered as a noninvasive conservative option. In this case, the documentation submitted does not show that the patient has failed a TENS unit, which is required prior to approval of an H-wave unit. In fact, the patient is experiencing symptomatic relief with the TENS. Therefore, the request for an H-wave is not medically necessary or appropriate.