

Case Number:	CM15-0182995		
Date Assigned:	09/23/2015	Date of Injury:	06/26/2006
Decision Date:	10/28/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/17/2015

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: 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 is a 35 year old male with a date of injury on 06-26-2006. The injured worker is undergoing treatment for degeneration lumbar-lumbosacral disease, lumbar disc displacement without myelopathy, lumbar spinal stenosis, stenosis of the lumbar spine, displacement of thoracic disc without myelopathy, cervical disc displacement, generalized anxiety disorder, unspecified major depression-single episode, chronic pain, psychogenic pain, and therapeutic drug monitoring. A physician note dated 07-22-2015 documents the injured worker was last seen in September of 2014. He had been out of the country for extended period of times and missed appointments. He complains of pain and feels very depressed. Since he had not been back to the office he has not had any medications. His medications were refilled. He was put back on his Diclofenac cream and Prozac, Trazodone, and Viagra. His Hydrocodone-APAP was not refilled due to his depression. A physician progress note dated 08-05-2015 documents the injured worker complains of lower back pain radiating into his both lower extremities-right greater than left. Radicular symptoms extend into his bilateral buttocks and also into his posterior thighs stopping above the knee. Spasm and guarding are noted on the lumbar spine and range of motion is full. He also complains of continuing depression and anxiety caused by pain. He previously used Norco was not refilled with his last visit due to his depression. He notes a 50% pain decrease from chiropractic treatment as well as massage therapy and is interested in continuing these treatment modalities. His current medications help with both pain and function and he denies any side effects. The injured worker deferred an injection at this time. Treatment to date has included diagnostic studies, medications, epidural

injections, physical therapy, massage, and chiropractic sessions. Current medications include Protonix, Viagra, Diclofenac Sodium cream, Prozac, Trazodone and Hydrocodone-bit-APAP. An unofficial Magnetic Resonance Imaging of the lumbar spine on 05-29-2012 showed L5-S1 4-5mm central disc herniation with mild thecal sac effacement potential for bilateral S1 nerve root irritation without evidence of spinal or neural foraminal stenosis. He is not working. Treatment request is for massage therapy. On 08-21-2015 the Utilization Review non-certified the requested treatment 6 sessions of Massage therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of Massage therapy for the lumbar spine: Upheld

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

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

Decision rationale: Massage is recommended for time-limited use in sub acute and chronic pain patients without underlying serious pathology and as an adjunct to a conditioning program that has both graded aerobic exercise and strengthening exercises; however, this is not the case for this chronic injury status post significant conservative physical therapy currently on an independent home exercise program without plan for formal physical therapy sessions. The patient has continued to treat for chronic symptoms. A short course may be appropriate during an acute flare-up, red-flag conditions, or progressive deterioration; however, this has not been demonstrated nor are there any documented clinical change or functional improvement from treatment rendered previously. Without any new onset or documented plan for a concurrent active exercise program, criteria for massage therapy have not been established per MTUS Chronic Pain Guidelines. The 6 sessions of Massage therapy for the lumbar spine is not medically necessary and appropriate.