

Case Number:	CM15-0186846		
Date Assigned:	09/28/2015	Date of Injury:	07/19/2014
Decision Date:	11/09/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/22/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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, male who sustained a work related injury on 7-19-14. A review of the medical records shows he is being treated for low back pain. Treatments have included acupuncture x at least 14 sessions, home exercises, chiropractic treatments and physical therapy. He receives massage during his acupuncture sessions. He is on his fifth of six treatments. He reports having "fewer flare-ups" after completing acupuncture. He reports "improvements" of his pain symptoms with acupuncture. Current medications include Cyclobenzaprine, Omeprazole, Tylenol ES, Norco, Lexapro and Terocin patches. In the progress notes dated 8-27-15, the injured worker reports "acupuncture helps him manage the pain." He states his pain level was high in the morning, a flare-up, after a car ride. He took Norco and pain level down to 5-6 out of 10. He reports massage "also helps to reduce the pain." On physical exam, he has restricted range of motion in lumbar area. He has tenderness over the sacroiliac spine. He would like massage therapy for "stress relief, soreness and tightness in the lumbar back." He is not working. The treatment plan includes a request for an additional 8 sessions of acupuncture for his lumbar spine and massage therapy. In the Utilization Review dated 9-14-15, massage therapy for 6 sessions of the lumbar is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy 6 sessions of the lumbar: 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: CA MTUS Chronic Pain Medical Treatment Guidelines, page 60, discusses the indications for massage therapy. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. (Hasson, 2004) A very small pilot study showed that massage can be at least as effective as standard medical care in chronic pain syndromes. Relative changes are equal, but tend to last longer and to generalize more into psychologic domains. (Walach 2003) The strongest evidence for benefits of massage is for stress and anxiety reduction, although research for pain control and management of other symptoms, including pain, is promising. The physician should feel comfortable discussing massage therapy with patients and be able to refer patients to a qualified massage therapist as appropriate. (Corbin 2005) Massage is an effective adjunct treatment to relieve acute postoperative pain in patients who had major surgery, according to the results of a randomized controlled trial recently published in the Archives of Surgery. (Mitchinson, 2007) In this case, the clinical note from 8/27/15 documents the injured worker had already received 5 of 6 acupuncture massage treatments. The documentation does not report functional improvement or decrease in the use of analgesics. Based on the MTUS guidelines further massage therapy appointments are not medically necessary.