

Case Number:	CM15-0189628		
Date Assigned:	10/01/2015	Date of Injury:	05/03/2001
Decision Date:	11/13/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/25/2015

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: Preventive Medicine, Occupational Medicine

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 35 year old male sustained an industrial injury on 5/3/2001. Documentation indicated that the injured worker was receiving treatment for chronic low back pain with left sacroiliitis, lumbar spondylosis, radiculitis and myofascial pain syndrome. Previous treatment included physical therapy (20 sessions), aqua therapy (5 sessions), epidural steroid injections (4-21-15), sacroiliac joint block, and medications. In a pain management progress report dated 5-4-15, the injured worker reported that his back pain was no longer constant following recent lumbar epidural steroid injections at L4-5 and L5-S1. The injured worker reported that the intensity of pain was decreased by more than 50%. The injured worker could walk for longer distances and stand for longer periods of time. The injured worker complained of persistent pain in the buttocks. Physical exam was remarkable for lumbar spine with tenderness to palpation along the facet joints, bilateral sacroiliac joint and left sciatic notch with range of motion: flexion 90 degrees, extension 15 degrees, left lateral bend 20 degrees and right lateral bend 40 degrees, 4 to 5 out of 5 extensor hallucis longus strength and positive left Patrick's and Gillet's tests. The injured worker underwent left sacroiliac joint block on 6-23-15. In a pain management progress report dated 7-15-15, the injured worker complained of persistent low back pain rated 1-2-out of 10 on the visual analog scale. The injured worker reported that his left low back and buttock pain had diminished by about 60%. The injured worker stated that his ability to stand had improved from 30 to 90 minutes and that he could walk for longer, bend forward and reach easier and carry five pounds easily. Physical exam was unchanged. The treatment plan included requesting authorization for physical therapy two to three times per week for six weeks. On 8-25-15,

Utilization Review modified a request for additional physical therapy, two to three times a week for three weeks for the lumbar spine to six sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy 6 sessions: 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): Physical Medicine.

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. Physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies, but they may have some value in the short term if used in conjunction with a program of functional restoration. In this case the injured worker has attended 6 previous sessions of massage therapy without documented benefit, therefore, the request for massage therapy 6 sessions is determined to not be medically necessary.