

Case Number:	CM15-0192364		
Date Assigned:	10/06/2015	Date of Injury:	02/11/2011
Decision Date:	11/13/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	09/30/2015

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, Minnesota
 Certification(s)/Specialty: Chiropractor

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 is a 63 year old male who sustained a work-related injury on 2-11-11. Medical record documentation on 9-15-15 revealed the injured worker was being treated for thoracolumbar sprain and lumbar sprain. He reported right knee pain. His current pain rating was 2-3 on a 10-point scale with medications. With increasing activity, his pain level goes to 10 on a 10-point scale. He was stable on medications. His medications included Hydroxyzine Hcl, Ranitidine Hcl, Lyrica 50 mg, Diazepam 10 mg, Metanx 3-90, LamoTRIGine 200 mg, Butalbital-ASA--Caff- Codeine 50-325-40-30, Methadone Hcl, Hydromorphone Hcl, Relpax 40 mg and Lidocaine 5% external patch. Objective findings included slurred speech, a bent forward gait at approximately 10-15 degrees. His neck rotation was diminished at both sides and his lower body showed him to forward flex and touch his tibia. A heel stand was slightly awkward and he was off-balance. Sitting straight leg raise was limited by knee stiffness and he had tenderness about the left knee peripatellar and joint line. He had right thigh atrophy. Physical therapy and massage was recommended to reduce some of the tightness and stiffness. He had physical therapy in the early post-operative period for multi-level spinal suction. A request for massage therapy to the back and neck for six sessions was received on 9-24-15. On 9-29-15, the Utilization Review physician modified massage therapy to the back and neck for six sessions to four sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy to back and neck QTY 6.00: Overturned

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: According to the MTUS Chronic Pain Guidelines above, massage is recommended as an adjunct to other recommended treatments like exercise and Chiropractic manipulation. Massage should be limited to 4-6 visits in most cases. The doctor has requested massage therapy to the neck and back for 6 treatments for an unspecified period of time. Apparently, the patient has responded well in the past to massage. The request for treatment/massage (6 visits) is within the above guidelines (4-6 visits) and therefore the above treatment is medically necessary and appropriate. In order to receive more treatment for the patient in the future for flare-ups, the doctor must show objective functional improvement from these 6 approved massages along with using treatment of exercise and/or manipulation.