

Case Number:	CM15-0194333		
Date Assigned:	10/08/2015	Date of Injury:	06/02/2014
Decision Date:	11/16/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/02/2015

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: New York
 Certification(s)/Specialty: Internal 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:

The injured worker is a 34 year old male, who sustained an industrial injury on 06-02-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for 3mm disc bulge with annular tear and right S1 nerve irritation. Medical records (to 08-04-2015) indicate ongoing chronic low back pain. Pain levels were not rated on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW could return to work with restrictions. The physical exam, dated 08-04-2015, revealed no gross motor deficits. Relevant treatments have included: conservative treatments including physical therapy (PT), massage and chiropractic treatments which have provided temporary relief, work restrictions, and medications. A MRI of the lumbar spine (09-2014) was available for review and showed a posterior annular fissure at L5-S1, and a broad-based disc bulge at L5-S1, which abuts the traversing S1 nerve root in the right lateral recess and resulting in severe right and moderate left neural foraminal narrowing. The request for authorization (08-04-2015) shows that the following Service was requested: initial orthopedic soft tissue massage for lumbar spine 1 time week for 8 weeks. The original utilization review (09-03-2015) non-certified the request for initial orthopedic soft tissue massage for lumbar spine 1 time week for 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial orthopedic soft tissue massage for lumbar spine 1 time week for 8 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Massage therapy.

Decision rationale: Massage therapy is recommended as an option in conjunction with recommended exercise programs. Manual massage administered by professional providers has shown some proven efficacy in the treatment of acute low back symptoms, based on quality studies. Mechanical massage devices are not recommended. Massage therapy should be limited to 4-6 visits in most cases. It is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. A recent meta-analysis concluded that massage might be beneficial for patients with subacute and chronic non-specific low-back pain, especially when combined with exercises and education. When massage was compared to other active treatments, massage was similar to exercises, and massage was superior to joint mobilization, relaxation therapy, physical therapy, acupuncture, and self-care education. The beneficial effects of massage in patients with chronic low-back pain lasted at least one year after the end of the treatment. In comparing different techniques of massage, acupuncture massage produced better results than classic (Swedish) massage and Thai massage produced similar results to classic (Swedish) massage. The ODG recommends frequency and duration of treatment for massage therapy are the same as Manipulation: A trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. In this case, the patient is also requesting chiropractic therapy and physical therapy. There is no specific indication for an additional physical medicine modality such as massage therapy at this time. Medical necessity for the requested therapy is not established. The requested therapy is not medically necessary.