MAXIMUS Federal Services

Case Number:	CM15-0194414		
Date Assigned:	10/08/2015	Date of Injury:	01/17/2013
Decision Date:	11/16/2015	UR Denial Date:	09/09/2015
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: 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 21-year-old male who sustained an industrial injury on 1-17-2013. Diagnoses have included lumbar strain, radiculitis and right knee strain. Diagnostic MRI of the lumbar spine of 12-03-2014 is noted to show disc protrusion at L4-S1. Documented treatment includes chiropractic treatment, physical therapy, a back brace and medication. Since this flare up, he has been taking Norco. On 8-6-2015 the injured worker presented with low back pain rated 8-9 out of 10 which had begun approximately 3 days ago. He characterized the pain as severe, and stated it caused him to stay home from work, interfered with sleep and he was spending most of his day in bed. He reported that the pain radiates to the right groin, hip and leg but there is no numbness or tingling. The objective examination showed flexion being 80 percent of normal, extension 70 percent, right lateral flexion 70 percent of normal and left 90 percent. He had a positive straight leg raise on the right at 70 degrees which was noted as being painful in the right buttock and lower extremity. He reported that he is unable to perform some activities of daily living including putting on socks, bending down, lifting, pushing or pulling. He was working regular duty until a flare up in 6-2015 and is presently working restricted duty or several months. The treating physician's plan of care includes 8 sessions of massage therapy for the low back, but this was denied on 9-9-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) massage therapy sessions for the lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Assessment, and Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

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

Decision rationale: Massage therapy is recommended for time-limited use in subacute 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. Massage therapy may be recommended as an optional treatment to relieve acute postoperative pain in patient who had major surgery, in chronic pain syndromes, or for stress and anxiety disorders, not identified here. This treatment should only be as an adjunct to other recommended treatment such as an active exercise program, and should be limited to 4-6 visits in most cases as scientific studies show contradictory results. Furthermore, although massage may be beneficial in attenuating diffuse musculoskeletal pain symptoms; however, many studies lack long-term follow-up and beneficial effects were registered only during treatment, not thereafter. 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. Submitted reports have not demonstrated specific clinical findings, diagnosis or progressive deterioration with concurrent active treatment to support for this request without functional benefit if any from any treatment previously rendered. The Eight (8) massage therapy sessions for the lower back is not medically necessary and appropriate.