

Case Number:	CM15-0194999		
Date Assigned:	10/08/2015	Date of Injury:	11/01/2000
Decision Date:	11/25/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/05/2015

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 injured worker is a 77 year old female, who sustained an industrial injury on 11-01-2000. The injured worker was diagnosed as having lumbago - low back pain and encounter long RX use NEC. On medical records dated 06-08-2015, the subjective complaints were noted as low back pain. Pain was rated at 5 out of 10 with medication and 7 out of 10 without medication. Objective findings were noted as neck and head tenderness, decreased flexion, decreased extension, decreased rotation, decreased left lateral bending and decreased right lateral bending. Lumbar spine tenderness was noted. Tenderness at facet joint and decreased flexion, decreased extension and decreased lateral bending was noted. Treatments to date included medication. Current medications were listed as Skelaxin. The Utilization Review (UR) was dated 09-02-2015. A Request for Authorization was dated 08-26-2015. The UR submitted for this medical review indicated that the request for massage therapy 2 times a month times 3 months for the lumbar spine was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy 2 times a month times 3 months for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS 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: According to the MTUS Chronic Pain Guidelines above, massage is recommended as an option and should be an adjunct to other recommended treatment like manipulation and exercises. Massage should also be limited to 4-6 visits in most cases. The doctor has requested massage therapy (without manipulation and /or exercises) 2 times per month for 3 months or 6 visits to the lumbar spine. The request for massage is not according to the above guidelines (with manipulation and / or exercises) and is spread out over 3 months, which is more like maintenance care versus therapeutic care in 2-3 weeks time. Therefore, the treatment is not medically necessary and appropriate as requested.