

Case Number:	CM15-0202388		
Date Assigned:	10/19/2015	Date of Injury:	12/16/2014
Decision Date:	12/01/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/14/2015

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, Tennessee

Certification(s)/Specialty: Emergency 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 49 year old male who sustained an industrial injury on 12-16-14. A review of the medical records indicate the worker is undergoing treatment for lumbosacral radiculopathy, lumbosacral sprain-strain injury, left hip sprain-strain injury, possible left hip labrum tear, and left S1 lumbosacral radiculopathy. Subjective complaints (8-11-15) include pain and discomfort in the low back radiating into the left leg and left hip. Objective findings (9-16-15) include decreased lumbosacral range of motion, positive straight leg raise-left, decreased light touch sensation in the lateral aspect of the left leg, a positive Patrick's test, antalgic gait and tenderness to the left hip area. MRI of the lumbar spine (2-23-15) revealed "degenerative disc disease, especially at the L5-S1 level, and there was slight retrolisthesis at L5-S1, with an associated paracentral disc protrusion and disc bulging, no evidence of significant left sided neuroforaminal stenosis or nerve root impingement." Work status is noted as a 4-hour workday with restrictions. On 7-10-15, an allergy to Cortisone is noted, so the lumbar epidural steroid injection was canceled and as he is not a surgical candidate. A functional restoration program evaluation was recommended. Previous treatment includes medication, at least 3 acupuncture sessions (without significant benefit reported) and physical therapy (without significant benefit reported). The treatment plan includes Tylenol No. 3, Flexeril, psychology consult, chiropractic adjustment, 8 visits of physical therapy, 8 visits of massage therapy and if those treatments are not helpful, a functional restoration program. A request for authorization is dated 9-16-15. On 10-6-15, the requested treatment of massage therapy, 8 sessions, for the lumbar spine was modified to 4 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy, eight sessions 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: Massage therapy is recommended as an option. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. 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. The strongest evidence for benefits of massage is for stress and anxiety reduction, although research for pain control and management of other symptoms, including pain, is promising. Massage is an effective adjunct treatment to relieve acute postoperative pain in patients who had major surgery, according to the results of a randomized controlled trial recently published in the Archives of Surgery. In this case, the number of cases requested surpasses the 4-6 visits recommended for treatment. The request is not medically necessary.