

Case Number:	CM15-0203176		
Date Assigned:	10/19/2015	Date of Injury:	06/26/1997
Decision Date:	12/07/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/15/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 63 year old male, who sustained an industrial injury on 6-26-97. The documentation on 9-25-15 noted that the injured worker has complaints of mid and low back pain and left ankle pain. The injured worker gets numbness in the left foot and the pain is worse with sitting, standing, bending and lifting. The injured worker rates his pain as a 3 out of 10 in intensity without pain medications. The injured worker reports before massage therapy his pain level was 6 out of 10. Lumbar spine examination there is mild spasm tenderness over the left lumbar paraspinals; there is pain with lumbar flexion and extension; straight leg raise is negative and sciatic notches are pain free to palpation. The diagnoses have included lumbago; low back pain; lumbar degenerative disc disease; thoracic back pain; ankle pain and chronic pain. Treatment to date has included acupuncture; physical therapy; 6 sessions of chiropractic therapy with improvement with each one session; home exercise program and stretches and gabapentin. The original utilization review (10-7-15) non-certified the request for 6 massage therapy sessions for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Massage therapy sessions for the Low Back: 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 CA MTUS Guidelines, massage therapy is an adjunct to other recommended treatments such as exercise and is limited to 4-6 sessions in most cases. This patient has chronic low back and mid-back pain with degenerative disc disease of the LS spine. The patient has completed 6 sessions of massage therapy as recommended by guidelines. The request is for an additional 6 sessions. MTUS Guidelines also state that massage therapy should be used as an adjunct to recommended treatment such as exercise/physical therapy. There is no documentation of exercise/physical therapy in conjunction with massage therapy. Therefore the request is not medically necessary or appropriate.