

Case Number:	CM15-0022905		
Date Assigned:	02/12/2015	Date of Injury:	01/12/2006
Decision Date:	04/08/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/06/2015

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, Arizona

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 61-year-old female who reported an injury on 01/12/2006 after a fall down a set of stairs. The injured worker's treatment history included medications, physical therapy, multiple medications, and psychiatric support. The injured worker was evaluated on 01/07/2015. It was documented that the injured worker complained of chronic low back pain. The injured worker's objective findings included ongoing tenderness of the lumbar paraspinal musculature with back spasming. The injured worker's diagnoses included left groin pain, low back pain, left shoulder pain, jaw pain secondary to paroxysm, and negative electrodiagnostic study for upper extremity radiculopathy. The injured worker's treatment plan included a refill of medications, Synvisc injections for the left knee, and 6 additional sessions of physical therapy and massage therapy. A Request for Authorization form was submitted on 01/19/2015 to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional massage therapy to the neck, left shoulder and low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

Decision rationale: The requested additional massage therapy to the neck, left shoulder and low back are not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends 4 to 6 massage therapy treatments for myofascial pain in conjunction with active therapy. The clinical documentation submitted for review indicates that the injured worker has already participated in massage therapy in conjunction with active therapy. Therefore, additional massage therapy would exceed guideline recommendations. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. Furthermore, the request as it is submitted does not specifically identify a duration of treatment. As such, the requested additional massage therapy to the neck, left shoulder, and low back are not medically necessary or appropriate.