

Case Number:	CM15-0026780		
Date Assigned:	02/19/2015	Date of Injury:	04/29/2009
Decision Date:	04/07/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/12/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 60 year old male, who sustained an industrial injury on 4/29/09. He has reported neck, low back and upper extremity pain. The diagnoses have included post-concussion syndrome, cervicocranial syndrome, lumbar disc displacement without myelopathy, pain in lower leg joint, major depression, anxiety state, psychogenic pain, posttraumatic stress disorder, chronic pain, neck pain and long term use of meds. Treatment to date has included physical therapy, oral medications and transdermal medications. Currently, the injured worker complains of neck pain, low back pain, left knee pain and left ankle pain. On physical exam dated 12/16/14, the injured worker stated his pain is constant and is made better with massage therapy. On exam spasm and guarding are noted over lumbar spine. There was decreased range of motion of the affected parts and tenderness to palpation of the lumbar paraspinal muscle. The medications listed are Butrans, Orphenadrine, Nabumetone, Topiramate and Cymbalta. There is a pending Referral for psychiatric evaluation and treatment. On 1/13/15 Utilization Review non-certified massage therapy 6 sessions to left knee, lumbar spine and cervical spine, noting number of physical therapy visits in addition to the previously rendered visits exceeds the number recommended by criteria. The MTUS, ACOEM Guidelines, was cited. On 2/12/15, the injured worker submitted an application for IMR for review of massage therapy 6 sessions to left knee, lumbar spine and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy 6 Sessions Left Knee, Lumbar Spine, Cervical Spine: 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 9792.21.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Pain Chapter
Massage Therapy.

Decision rationale: The CA MTUS and the ODG guidelines recommend that physical therapy (PT) can be utilized for the treatment of exacerbation of musculoskeletal pain. The guidelines recommend that patients proceed to home exercise program after completion of supervised PT program. The records indicate that the patient had significant psychosomatic disorder and somatization disorder associate with the chronic pain syndrome. The patient is awaiting Psychiatric consultation and treatments. The recommend that the presence of severe psychiatric disorder is associated with decreased efficacy and compliance with PT including massage therapy. The criteria for Massage therapy 6 session to left knee, lumbar spine and cervical spine was not met.