MAXIMUS Federal Services

Case Number:	CM15-0027400		
Date Assigned:	02/19/2015	Date of Injury:	02/01/2012
Decision Date:	03/31/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/13/2015

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
Certification(s)/Specialty: Chiropractor, Oriental 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 54 year old male, who sustained an industrial injury on 2/1/2012. The mechanism of injury was not provided for review. Diagnoses include mild disc degeneration, lumbosacral radiculopathy and spondylosis, cervical spine fusion and lumbar 4-5 posterior subluxation. Treatments to date include epidural steroid injection, 2 Chiropractic, physical therapy, massage therapy and medication management. A progress note from the treating provider dated 1/20/2015 indicates the injured worker reported left back and left flank pain that improved with massage.On 2/4/2015, Utilization Review non-certified the request for 8 sessions of massage therapy, citing MTUS and ACOEM.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 massage therapy visits over 1 month lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: 2009; 9294.2; manual therapy and manipulation Page(s.

Decision rationale: The 2/4/15 UR determination to deny further massage therapy was an appropriate determination and supported by CAMTUS Chronic Treatment Guidelines. Massage therapy as reported was a stand-alone procedure not accompanied by a report of medical necessity for additional treatment based on objective clinical evidence of functional improvement, criteria that is required by the CAMTUS Chronic Treatment Guidelines. The combination of the reviewed treatment records of the injured worker, the care requested not being supported by referenced CAMTUS Chronic Treatment Guidelines and the lack of lack of clinical evidence supporting medical necessity for the requested massage massage therapy, non-certification of the requested care by Appeal is recommended.