

Case Number:	CM15-0212249		
Date Assigned:	11/02/2015	Date of Injury:	09/08/2012
Decision Date:	12/11/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/28/2015

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: 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 52 year old male, who sustained an industrial injury on 9-8-12. The injured worker was diagnosed as having low back pain; lower extremity paresthesias; left leg pain; lumbar disc pain; post laminectomy syndrome; muscle pain; chronic pain syndrome. Treatment to date has included physical therapy; status post lumbar surgery (2013); status post lumbar left L4-5 microdiscectomy (6-2014); epidural steroid injections lumbar; TENS unit; urine drug screening; medications. Diagnostics studies included MRI lumbar spine (2-16-15). Currently, the PR-2 notes dated 9-28-15 indicated the injured worker was in this office as a new patient consultation in regards to this low back pain. The injured worker complains of persistent back and left-sided sciatic type pain. He reports his pain is relieved with medications and massage therapy. He also reports he has tried physical therapy as well as acupuncture with no relief. Massage therapy reportedly gives him 40-50% relief and improvement of range of motion. He has also tried an epidural steroid injection in 2014 that helped him for 2 days. He is a status post lumbar surgery in 2013, another lumbar surgery in 2014 and then a left L4-5 microdiscectomy. The provider documents "His pain is located in the lower back and radiates to the left lower extremity accompanied by numbness and tingling. He describes the pain as constant, sharp, dull, aching pain. His pain is aggravated by bending, walking and sitting for prolonged periods of time. His pain without medication is 7 out of 10 and with is 3 out of 10." The provider also notes "With the help of his medications, he continues to work full time, but modified duty. He commutes 2 hours daily to work. He is able to perform his activities of daily living and house hold chores. Without medication, he cannot work; he cannot function and

will be in bed." The provider references two lumbar MRI's: 2012 and 4-25-13. 2013 MRI is revealing "severe canal stenosis and mild impingement of the traversing left L5 nerve root, a disc protrusion at L5-S1 which mildly impinges on the traverse right S1 nerve root." The injured worker is currently taking Norco, Percocet, Gabapentin and Zanaflex. On physical examination, the provider notes "There is tenderness to palpation in the lumbar spine. There is decreased range of motion. There is increased pain upon flexion and extension. Sacroiliac joints are non-tender. Patrick's sign elicits buttock pain bilaterally. Strength is 5 out of 5 in the lower extremities bilaterally. Sensation is diminished in the right lower extremity. Straight leg raise is positive." The provider notes the urine drug screening indicate the injured worker is taking his opiate medication appropriately per his prescribed medications. He recommends massage therapy for his chronic conditions. A Request for Authorization is dated 10-26-15. A Utilization Review letter is dated 10-16-15 and non-certification for Massage therapy for back, 6 sessions. A request for authorization has been received for Massage therapy for back, 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy for back, 6 sessions: Overturned

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: The California chronic pain medical treatment guidelines section on myofascial/massage therapy states: Recommended as an option as indicated below. 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. (Hasson, 2004) A very small pilot study showed that massage can be at least as effective as standard medical care in chronic pain syndromes. Relative changes are equal, but tend to last longer and to generalize more into psychologic domains. (Walach 2003) 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. The physician should feel comfortable discussing massage therapy with patients and be able to refer patients to a qualified massage therapist as appropriate. (Corbin 2005) 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. (Mitchinson, 2007) Massage therapy is a recommended treatment option for chronic pain per the California MTUS. However, the recommended amount of visits is 4-6 sessions. The request is within these parameters and thus is medically necessary.