

Case Number:	CM15-0213524		
Date Assigned:	11/03/2015	Date of Injury:	06/18/2009
Decision Date:	12/15/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 33-year-old male who sustained an industrial injury June 18, 2009. History included a left knee lateral release July 2013 and a right knee lateral release December 2013, colitis, C-Diff infection, GERD (gastroesophageal reflux disease) and depression. Past treatment included physical therapy, multiple epidural steroid injections and the development of an allergy to corticosteroid type injections. According to a nurse practitioner's notes dated September 14, 2015, the injured worker presented with complaints of back spasms, especially when sleeping, back pain with burning of his left thigh, radiating to the knee and into the foot, poor sleep and improved diarrhea. Objective findings included; deep tendon reflexes are 1+ patella, left side; sensation to light touch and pinprick intact throughout and vibratory sensation absent to the level of the knee on the left side; range of motion knee within normal limits except for flexion which is limited to 60 degrees in left lower extremity. The nurse practitioner documented he is having increased pain and spasms in the left lumbar region, the right upper thigh becomes numb when lying down, and the left knee is weaker causing back strain. Diagnoses are lumbar radiculopathy; lumbosacral radiculitis; chronic pain syndrome; degeneration of lumbosacral intervertebral disc. Treatment plan included aquatic therapy and at issue, a request for authorization for massage therapy, (6) visits. According to utilization review dated October 2, 2015, the request for massage therapy, (6) visits for the lumbar spine is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy, 6 visits for the lumbar spine: 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: The claimant sustained a work injury in September 2006 and continues to be treated for chronic back pain and lumbosacral radiculopathy. In April 2015, he was having problems with urination. He was unable to tolerate any physical activity. He had been unable to complete a functional restoration program. He reported being unable to exercise and had increased pain even with pool exercise. He was continuing to slowly decrease his Percocet dose. In August 2015 lumbar surgery was recommended. He was having symptoms of withdrawal and had anxiety and difficulty sleeping. When seen in September 2015 he was having severe back spasms particularly when sleeping. Physical examination findings included decreased left knee flexion. There was a decreased left patellar reflex. He was referred for pool therapy and six sessions of massage. His body mass index was over 26. Massage therapy is recommended as an option. It should be an adjunct to other recommended treatments such as exercise. Guidelines recommend that it should be limited to 4-6 visits in most cases. In this case, the number of treatment sessions is consistent with guideline recommendations. However, aquatic therapy was also requested, the request was denied, and the claimant does not have any reported ability to perform an exercise program on his own. For this reason, the request cannot be accepted as being medically necessary.