

Case Number:	CM15-0216473		
Date Assigned:	11/06/2015	Date of Injury:	12/03/2012
Decision Date:	12/18/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/03/2015

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: 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 49 year old male injured worker who sustained an industrial injury on December 3, 2012. Medical records indicated that the injured worker was treated for low back and bilateral shoulder pain. Medical diagnoses include lumbar discogenic pain syndrome, left lumbar radiculitis, myofascial pain, lumbar degenerative disease, chronic pain syndrome and shoulder pain. In the provider notes dated October 14, 2015, the injured worker complained of ongoing low back and bilateral shoulder pain. He feels his back pain has gotten worse over the last month. His back pain is aching and radiates into his both legs. He has aching left shoulder pain as well. He rates his pain 10 on the pain scale without medications and 7 to 8 with medications. He is taking Norco for moderate to severe pain and he finds it helpful and feels the medications improve his functional ability. On exam, the documentation stated that there is tenderness over the lumbar paraspinals and lumbar facet joints. There is pain with lumbar flexion and extension. Straight leg raise is negative and sciatic notches are pain free to palpation. The sacroiliac joints are tender to palpation bilaterally. Patrick's sign and Gaenslen's maneuver are negative. Lower extremity strength and sensation are intact. "He has been to three of his acupuncture appointments and is not noticing much improvement. He has tried massage therapy in the past and felt it really helped with the flare up of low back pain he was having at the time." The treatment plan is for medication refills, continue home exercise program, continue TENS unit and massage therapy for the low back. A Request for Authorization was submitted for massage therapy visits for the low back. The Utilization Review dated October 23, 2015 noncertified the request for massage therapy visits for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Massage Therapy Visits for The Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

Decision rationale: Massage is recommended for time-limited use in subacute and chronic pain patients without underlying serious pathology and as an adjunct to a conditioning program that has both graded aerobic exercise and strengthening exercises; however, this is not the case for this chronic 2012 injury status post significant conservative physical therapy currently on an independent home exercise program without plan for formal physical therapy sessions. The patient has continued to treat for chronic symptoms. Submitted reports have not demonstrated any progressive neurological deficits or ADL limitations or functional improvement from treatment previously rendered. Without documented plan for a concurrent active exercise program, criteria for massage therapy have not been established per MTUS Chronic Pain Guidelines. The 6 massage therapy visits for the low back is not medically necessary and appropriate.