

Case Number:	CM15-0222610		
Date Assigned:	11/18/2015	Date of Injury:	06/13/2014
Decision Date:	12/30/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/12/2015

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: New Jersey

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:

This 45 year old female sustained an industrial injury on 6-13-14. Documentation indicated that the injured worker was receiving treatment for back and neck pain. Previous treatment included chiropractic therapy, massage and medications. The number of previous massage sessions was unclear. In a visit note dated 7-13-15, the injured worker complained of low back pain with radiation into the left lower extremity. The physician noted that the injured worker had not had any conservative treatment for the low back. Physical exam was remarkable for lumbar spine with spasm and guarding. In a visit note dated 10-15-15, the injured worker complained of ongoing neck pain with radiation to the left upper extremity and low back pain. The injured worker reported that massage therapy reduced her pain from 10 out of 10 on the visual analog scale to 7.5 out of 10. The injured worker further stated that massage helped with mobility and allowed her to be more active. Physical exam was remarkable for lumbar spine with spasm, guarding and pain with axial loading of bilateral facet joints, lumbar flexion 60 degrees, decreased sensation in the left L5 and S1 distributions. Magnetic resonance imaging lumbar spine (9-29-15) showed synovitis of the L4-5 and L5-S1 facet joints. The treatment plan included six sessions of massage therapy for the lumbar spine. On 10-30-15, Utilization Review noncertified a request for six sessions of massage therapy for the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy for lower back, quantity: 6 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Massage.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower Back section, Massage.

Decision rationale: The MTUS Chronic Treatment Guidelines recommend massage therapy (up to 4-6 visits in most cases) as an adjunct to other recommended treatments such as exercise and may be helpful at attenuating diffuse musculoskeletal symptoms as well as anxiety and stress reduction. Passive treatments such as massage can lead to dependence and are not recommended for frequent sessions. Massage may be recommended for acute injuries, chronic pain (if not already trialed), and post-operatively. The ODG states that mechanical massage devices are not recommended. The ODG also allows massage therapy to continue beyond the trial period up to a total of 18 visits over 6-8 weeks with evidence of objective functional improvement. In the case of this worker, more than 8 weeks has passed since initiation of massage therapy. Also, there was no found report of how many sessions had been attended. So, considering these factors and the fact that there was no stated long-term plan regarding this passive modality as to how it would help the overall functional outcomes, this request for massage therapy is not medically necessary at this time.