

Case Number:	CM15-0033549		
Date Assigned:	02/27/2015	Date of Injury:	08/17/2005
Decision Date:	04/13/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/23/2015

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 37 year old male, who sustained an industrial injury on August 17, 2008. The diagnoses have included lumbar disc displacement without myelopathy and chronic pain syndrome. Treatment to date has included electromyogram of bilateral lower extremities on January 10, 2014, lumbar spine Magnetic resonance imaging on February 1, 2010, lower extremity electromyogram on January 18, 2010 and Magnetic resonance imaging of lumbar spine on September 15, 2008, oral pain medication and topical medications. Currently, the injured worker complains of lumbar pain. In a progress note dated January 26, 2015, the treating provider report does not give examination findings. On February 5, 2015 Utilization Review non-certified a massage therapy six treatments lumbar spine, noting, Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy for 6 treatments for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

Decision rationale: This patient presents with neck and low back pain. The patient is status post microdiscectomy in 2010. The current request is for MASSAGE THERAPY FOR 6 TREATMENTS FOR THE LUMBAR SPINE. Request for Authorization (RFA) provided is dated 1/30/15. The MTUS Chronic Pain Medical Treatment Guidelines, page 60 for 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. The Utilization review denied the request for massage therapy stating that "there is no evidence that the patient will participate in an exercise program." Progress report dated 1/28/15 notes "massage therapy has been helpful to him in the past." The exact number of completed physical therapy visits to date and the objective response to therapy were not documented in the medical reports. The patient has received an undisclosed number of massage therapy in the past and the physician is requesting additional 6 treatments. In this case, MTUS allows for massage therapy but limits the number of sessions to 4-6 visits. Given that the patient has had prior treatment and the current request is for additional 6, recommendation cannot be made as the request exceeds what is recommended by MTUS. This request IS NOT medically necessary.