MAXIMUS Federal Services

Case Number:	CM15-0038682		
Date Assigned:	03/10/2015	Date of Injury:	02/04/2008
Decision Date:	04/23/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/02/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 48-year-old [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 4, 2008. In a Utilization Review Report dated February 27, 2015, the claims administrator failed to approve a request for 24 sessions of massage therapy. The claims administrator stated that the applicant had had 12 documented massage treatments through this point in time. A January 22, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In a prescription form dated January 23, 2015, 24 sessions of massage therapy were proposed. In an associated progress note dated January 22, 2015, the applicant reported ongoing complaints of low back pain. The applicant was off of work, but apparently complained that his present claims administrator was not paying his indemnity benefits. The applicant's medication list included Opana, Opana extended release, Mobic, Neurontin, tizanidine, and allopurinol. The applicant was receiving Social Security Disability Insurance (SSDI), it was stated in another section of the note. The applicant was engaging in minimal exercise and was living a largely sedentary lifestyle. Additional massage therapy was proposed while Opana was continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy 2 times a week for 12 weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy; Physical Medicine Page(s): 60; 98.

Decision rationale: No, the request for 24 sessions of massage therapy was not medically necessary, medically appropriate, or indicated here.The 24 sessions of massage therapy at issue represents treatment well in excess of the four to six visits to which massage therapy should be limited in most cases, per page 60 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that page 98 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that passive modalities such as massage, as a whole, should be employed "sparingly" during the chronic pain phase of a claim. Here, thus, the request for such a lengthy, protracted course of massage therapy at this late stage in the course of the claim, thus, represents treatment which is at odds with both pages 60 and 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.