

Case Number:	CM15-0051397		
Date Assigned:	03/24/2015	Date of Injury:	10/23/2013
Decision Date:	05/01/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/18/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 47 year old female, who sustained an industrial injury on October 23, 2013. The injured worker was diagnosed as having lumbar degenerative disc disease and spinal stenosis. Treatment to date has included lumbar surgery, epidural steroid injection (ESI), physical therapy, and medication. Currently, the injured worker complains of low back pain and intermittent left buttock pain, with intermittent lower extremity radicular complaints. The Treating Physician's report dated March 3, 2015, noted the injured worker status post successful decompression laminoforaminotomy and microdiscectomy for the right L5-S1 level, with complete resolution in the right lower extremity complaints. The Physician noted that considering the injured worker's ongoing back discomfort, her pain medications were to be changed with the addition of Celebrex and Zanaflex. The Physician noted the injured worker would benefit from massage therapy and referral for pain management for her chronic back pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage and Jacuzzi Treatment (Lumber) 1 times 12: 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 Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Massage Therapy, Manual therapy.

Decision rationale: MTUS states regarding massage therapy, 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. ODG offers additional frequency and timeline for massage therapy by recommending: A. Time to produce effect: 4 to 6 treatments. B. Frequency: 1 to 2 times per week for the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. C. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. The request is in excess of the guidelines recommendation of 4-6 visits over no more than 8 week. Medical documents do not indicate reasons for treatment in excess of the guidelines. As such, the request for Massage and Jacuzzi Treatment (Lumbar) 1 times 12 is not medically necessary.