

Case Number:	CM15-0056036		
Date Assigned:	04/01/2015	Date of Injury:	04/13/2009
Decision Date:	05/05/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/24/2015

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:

This 58 year old man sustained an industrial injury on 4/13/2009. The mechanism of injury is not detailed. Evaluations include cervical spine CT scan dated 11/15/2011, lumbar spine MRI dated 10/8/2009, and cervical spine CT scan dated 4/13/2009. Diagnoses include chronic pain syndrome, lumbar degenerative disc disease, chronic lower back pain, status post cervical discectomy pain syndrome, lumbar spondylolisthesis, right foot osteoarthritis, left rotator cuff strain, and depression. Treatment has included oral medications. Physician notes dated 3/3/2015 show complaints of neck, lower back, foot, and bilateral shoulder pain. Recommendations include Temazepam, Clonazepam, massage therapy to reduce low back pain, urine drug screen, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy for the lower back, 12 sessions: 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 based on Non-MTUS Citation Official disability guidelines Low back chapter, Massage.

Decision rationale: Based on the 3/3/15 progress report provided by the treating physician, this patient presented with neck pain, continued low back pain with foot pain, and bilateral shoulder pain. The treater has asked for Massage Therapy for Lower Back, 12 Sessions on 3/3/15 "to reduce increasing lower back pain/twice a week for 6 weeks or once a week for 12 weeks." The request for authorization was not included in provided reports. The patient is s/p anterior cervical discectomy with fusion soon after the 1999 injury, and a re-do surgery in 2000 for the anterior cervical discectomy "with good results" per 12/9/14 report. The patient states that Deplin has helped a lot and continued with Deplin per 3/3/15 report. The patient's current medications are Norco and Temazepam per 3/3/15 report. The patient had a re-injury in 2009, resulting in lower/upper back pain, after which the patient was given a P&S determination and has not worked since per 3/3/15 report. The MTUS Guidelines page 60 on massage therapy states that it is recommended as an option and as an adjunct with other recommended treatments such as exercise and should be limited to 4 to 6 visits. Massage is a passive intervention and treatment, dependence should be avoided. Review of reports dated 3/4/14 to 3/3/15 do not show prior massage therapy. The utilization review letter dated 3/17/15, however, states that "the claimant reports that massage therapy helps relieve the pain temporarily" and denies the request, due to a lack of documentation that the massage will be used as an adjunct to other modalities, as well as lack of documentation that prior therapy has shown objectively measured gains. In this case, the patient has had prior massage therapy, which was effective temporarily. As MTUS limits massage therapy to a course of 4-6 visits, however, the request for 12 additional sessions exceeds guideline recommendations. The requested additional massage therapy is not medically necessary.