

Case Number:	CM15-0056156		
Date Assigned:	04/01/2015	Date of Injury:	06/19/2008
Decision Date:	05/05/2015	UR Denial Date:	03/04/2015
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: 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 60-year-old who has filed a claim for chronic low back, hip, thigh, and leg pain reportedly associated with an industrial injury of June 19, 2008. In a Utilization Review report dated March 4, 2015, the claims administrator failed to approve request for four sessions of massage therapy. A February 5, 2015 progress note and associated RFA form were referenced in the determination. The applicant's attorney subsequently appealed. On February 5, 2015, the applicant reported ongoing complaints of low back pain, hip pain, thigh pain and leg pain, 2 to 3/10 with medications versus 7/10 without medications. Standing and walking remained problematic. Physical therapy, manipulative therapy, Norco, and massage therapy were endorsed. The applicant's permanent work restrictions were renewed. It did not appear that the applicant was working with said limitations in place. The request for massage therapy was framed as a renewal request, as with the request for manipulative therapy and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy once a week for 4 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 four sessions of massage therapy was not medically necessary, medically appropriate, or indicated here. As noted page 60 of the MTUS Chronic Pain Medical Treatment Guidelines, massage therapy should be employed as an adjunct to other recommended treatments, such as exercise, and should be limited to four to six visits in most cases. Here, however, the February 5, 2015 request for massage therapy was framed as a renewal request, suggesting the applicant had already had treatment in excess of the four- to six-treatment course of massage therapy recommended on page 68 of MTUS Chronic Pain Medical Treatment Guidelines. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that passive modalities, as a whole, should be employed sparingly during the chronic pain phase of the claim. Here, however, the request for three different passive modalities, including manipulative therapy, acupuncture, massage therapy, thus, ran counter to MTUS principles and parameters. Therefore, the request was not medically necessary.