

Case Number:	CM15-0058033		
Date Assigned:	04/02/2015	Date of Injury:	06/07/2001
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/26/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker (IW) is a 51-year-old male who sustained an industrial injury on 06/07/2001. Diagnoses include lumbar facet syndrome, lumbar radiculopathy and spinal/lumbar degenerative disc disease. Treatment to date has included medications and lumbar epidural steroid injections (LESI). Diagnostics performed to date included electrodiagnostic testing and MRIs. According to the progress notes dated 2/10/15, the IW reported low back pain radiating to the right lower extremity with tingling. He stated the pain relief experienced from the LESI performed on 11/17/14 had begun to dissipate. A request was made for 12 sessions of massage therapy and transforaminal lumbar epidural injection, L5-S1 and S1-S2, right side; the IW reported moderate relief with massage therapy and greater than 50% pain relief from last LESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of massage therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 142-3, Chronic Pain Treatment Guidelines Massage/Myotherapy.

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 Section, Massage.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 massage therapy sessions is not medically necessary. Massage is a passive intervention and considered an adjunct to other recommended treatment; especially active interventions (e.g. exercise). Massage therapy should be limited to 4-6 treatments in most cases. See the guidelines for details. Massage therapy is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. In this case, the injured worker's working diagnoses are lumbar facet syndrome; lumbar radiculopathy; and spinal/lumbar degenerative disc disease. Documentation from a February 10, 2015 progress note indicates the injured worker received massage therapy with moderate relief. The requested treatment section indicates massage therapy. There is no documentation indicating the area to be treated or number of treatments received. The treating provider requested 12 massage therapy sessions in excess of the recommended guidelines of 4 to 6. There is no documentation demonstrating objective functional improvement with prior massage therapy. Consequently, absent clinical documentation with objective functional improvement of prior massage therapy with a request in excess of the recommended guidelines (4-6 treatments), 12 massage therapy sessions is not medically necessary.

1 Transforaminal lumbar epidural injection, L5-S1 and S1-S2, right side: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Epidural Steroid Injection.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 1 transforaminal epidural steroid injections at L5-S1 and S1-S2 are not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory's and muscle relaxants); in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response including at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks, etc. See the guidelines for details. In this case, the injured worker's working diagnoses are lumbar facet syndrome; lumbar radiculopathy; and spinal/lumbar degenerative disc disease. An ESI was performed on November 17, 2014 to the right L5 - S1 and S1 - S2. The documentation

indicates a greater than 50% relieving pain for three months. Documentation from the January 14, 2015 progress note, subjectively, states injured worker rates his pain with medications as a 4/10 and without medications a 6/10. In February 2015, the devious pain score was 7/10. There is no documentation of an associated reduction in medication use for 6 to 8 weeks. Additionally, there was no objective functional improvement documented in subsequent progress notes January 2015 and February 2015. Consequently, absent clinical documentation including at least 50% pain relief (present according to the injured worker) with associated reduction in medication use for 6 to 8 weeks (absent) and objective functional improvement (absent), 1 transforaminal epidural steroid injections at L5-S1 and S1-S2 are not medically necessary.