

Case Number:	CM15-0059113		
Date Assigned:	04/03/2015	Date of Injury:	11/20/2011
Decision Date:	05/11/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/27/2015

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:

The injured worker is a 46-year-old male, who sustained a work/ industrial injury on 11/20/11. He has reported initial symptoms of back pain and bilateral knee pain. The injured worker was diagnosed as having bilateral knee pain with meniscectomies x 4 of knees, chronic low back pain, facetogenic low back pain, possible sacroiliac joint dysfunction, discogenic low back pain. Treatments to date included medication, diagnostics, surgery (arthroscopic right knee surgery, left knee arthroscopic surgery), and steroid injections. Magnetic Resonance Imaging (MRI) was performed on 2/9/12, 3/5/12. Electromyogram/nerve conduction velocity (EMG/NCV) was performed on 11/20/12. Currently, the injured worker complains of bilateral knee pain and low back pain and spasm with flare ups. Pain level was 8-9/10 without medication and 5-6/10 with medication. The treating physician's report (PR-2) from 2/19/15 indicated low back exam noted tenderness over the paraspinal muscles and sacroiliac joints; palpable spasm at the right paraspinal muscles, and range of motion was decreased. Straight leg raise (SLR) is negative and Patrick's test is mildly positive. The right knee is very tender at the medial meniscus with decreased range of motion. The left knee is tender at the knee joint. McMurray's is negative. Gait is antalgic. Treatment plan included Brief Exam prior to Starting Massage Therapy to Lumbar Spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brief Exam prior to Starting Massage Therapy to Lumbar Spine: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessment Approaches Functional improvement measures Page(s): 6, 48. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter, Office Visits.

Decision rationale: The most recent report provided is dated 02/19/15 and is from the requesting physician [REDACTED]. It states that the patient presents with lower back pain with severe spasm rated 8/10 without and 5-6/10 with medication. The patient's listed diagnoses include: Chronic low back pain and Discogenic low back pain. The current request is for BRIEF EXAM PRIOR TO STARTING MASSAGE THERAPY TO LUMBAR SPINE. The RFA is not included. The patient is not working. MTUS, Assessment Approaches, page 6 states thorough history taking is always important in clinical assessment and treatment planning, to establish/confirm diagnosis and observe/understand pain behavior. MTUS, Functional improvement measures, Page 48, states assessment is important to have a measure to be used to show improvement or maintenance of function over course or treatment. ODG, Low Back Chapter, Office Visits, states, "Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged." The reports provided for review from 09/04/14 to 02/19/15 do not discuss this request. The 01/14/15 report states the patient received massage therapy and that it was helpful. The 01/02/15 report states 8 sessions of PT are requested for treatment of the lower back and knees. It is unclear if the patient has already started the massage therapy mentioned in the current request. In this case, guidelines support outpatient visits for clinical assessment, treatment planning and baseline assessment of function. The request IS medically necessary.