

Case Number:	CM15-0059470		
Date Assigned:	04/06/2015	Date of Injury:	08/17/2005
Decision Date:	05/05/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/30/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 37 year old male with an industrial injury dated August 17, 2005. The injured worker diagnoses include L5 lumbar radiculopathy and S1 lumbosacral radiculopathy. He has been treated with diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. According to the progress note dated 03/02/2015, the injured worker reported chronic low back pain and neck pain. Physical exam revealed tenderness to palpitation and decreased range of motion of the lumbar spine. The treating physician prescribed services for massage therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 massage therapy treatments 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 Manual Therapy Page(s): 82.

Decision rationale: 8 massage therapy treatments for the lumbar spine is not medically necessary. Per CA MTUS Guidelines, manual therapy is recommended for chronic pain caused by musculoskeletal conditions. Manual therapy is used in the treatment of muscular skeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range of motion but not beyond the anatomic range of motion. For low back pain, manual therapy is recommended as an option. Therapeutic care requires a trial of six visits over 2 weeks with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective maintenance care is not medically necessary. For recurrences/flare-ups the need to reevaluate treatment success, if return to work achieved then 1-2 visits every 4-6 months. There is lack of documentation of benefit with physical therapy; therefore the requested service is not medically necessary.