

Case Number:	CM15-0089554		
Date Assigned:	05/13/2015	Date of Injury:	02/08/1995
Decision Date:	06/16/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/11/2015

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: Pennsylvania
 Certification(s)/Specialty: Family Practice

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 56 year old female, who sustained an industrial injury on 2/8/1995. The current diagnoses are neuropathic pain and post laminectomy syndrome. According to the progress report dated 4/20/2015, the injured worker complains of neuropathic and myofascial pain in the setting of post laminectomy syndrome. Her pain continues to primarily be into her bilateral groin and anterior thighs. The physical examination reveals loss of lumbar curvature and range of motion, secondary to fusion. Strength is at least antigravity throughout the upper and lower extremities. She continues to have increased tone throughout the paraspinals, left slightly greater than right. The current medications are Fentanyl, Levorphanol, Baclofen, Lidocaine cream, Benadryl, Prilosec, EMLA cream, Dulcolax, Miralax, and compound cream. Treatment to date has included medication management, cruciform brace, abdominal binder, physical therapy, epidural steroid injection, intrathecal pump, and surgical intervention. The plan of care includes 12 massage therapy sessions to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 massage therapy sessions for lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

Decision rationale: According to the MTUS, massage therapy is an option as an adjunct to other treatment such as exercise but should be limited to 4-6 visits. "Massage is a passive intervention and treatment dependence should be avoided." The request for 12 sessions of massage therapy is in excess of the guidelines particularly considering there has been no trial in this worker to see if massage will be of benefit in improving pain and function. It is not medically necessary.