

Case Number:	CM14-0132952		
Date Assigned:	08/22/2014	Date of Injury:	10/28/2000
Decision Date:	10/20/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/19/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 65-year-old male who has submitted a claim for lumbosacral discogenic disorder and lumbar radiculitis associated with an industrial injury of 10/28/2000. Medical records from 2014 were reviewed. The patient complained of chronic low back pain radiating to the left lower extremity. Pain was rated 10/10 in severity aggravated by bending and prolonged standing. Patient reported that massage therapy in the past was helpful. It allowed him to increase his walking tolerance. Physical examination of the lumbar spine showed tenderness, and restricted motion. Straight leg raise test was negative bilaterally. Motor strength, reflexes, and sensation were intact. Goals for massage therapy are to improve his range of motion and tightness of the paralumbar muscles. Treatment to date has included 6 sessions of massage therapy and physical therapy, and medications. Utilization review from 8/15/2014 denied the request for twelve sessions of massage therapy with cupping for the lumbar spine because of no functional improvement from previous therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of massage therapy with cupping for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 143, Chronic Pain Treatment Guidelines Pain Interventions and Treatments, Massage.

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

Decision rationale: According to page 60 of the CA MTUS Chronic Pain Medical Treatment Guidelines, massage therapy should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. In this case, the patient complained of chronic low back pain radiating to the left lower extremity. Pain was rated 10/10 in severity aggravated by bending and prolonged standing. Physical examination of the lumbar spine showed tenderness, and restricted motion. Patient was able to complete 6 sessions of massage therapy and physical therapy. He reported that it allowed him to increase his walking tolerance. Goals for massage therapy are to improve his range of motion and tightness of the paralumbar muscles. However, there was no evidence that patient is actively participating in an exercise program, a required adjunct for massage, since it is only a passive form of treatment. Moreover, the guideline only recommends up to 6 visits of massage therapy. There is no compelling need for variance from the guidelines. Therefore, the request for twelve sessions of massage therapy with cupping for the lumbar spine is not medically necessary.