

Case Number:	CM14-0135448		
Date Assigned:	08/29/2014	Date of Injury:	02/11/2011
Decision Date:	10/27/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/22/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 38-year-old male with a date of injury of 02/11/2011. The listed diagnoses per [REDACTED] are: 1. Low back pain. 2. Possible lower extremity, 3. Myofascial, 4. Chronic pain, 5. Lumbar disk. According to progress report 07/16/2014, the patient presents with low back pain. Examination revealed tenderness over the paraspinals and increased pain with flexion and extension. Straight leg raise elicits pain in the buttocks bilaterally. There is pain to the medial and lateral joint lines of the right knee. The treater is requesting massage therapy 1 time a week for 6 weeks for the lumbar spine. Utilization review denied the request on 07/25/2014. Treatment reports from 02/28/2014 through 07/16/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy 1xWkx6Wks Lumbar Spine: Upheld

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 massage therapy Page(s): 60.

Decision rationale: This patient presents with chronic low back pain. The treater is requesting massagetherapy 1 time a week for 6 weeks for the lumbar spine. The utilization review denied the request, but the rationale was not provided for review. The MTUS guideline under its chronic pain section has the following regarding massage therapy: Recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise) and it should be limited to 4-6 visits in most cases. Review of progress reports from 02/28/2014 through 07/16/2014 does not indicate the patient has participated in massage therapy in the past. Given the patient continued pain, a trial of 6 sessions may be warranted. Recommendation is for approval.