

Case Number:	CM14-0136719		
Date Assigned:	09/03/2014	Date of Injury:	01/20/2011
Decision Date:	09/24/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/25/2014

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 Neuromuscular Medicine, and is licensed to practice in Maryland. 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 57 year old female with a work injury dated 1/20/11. The diagnoses include fibromyalgia, marked exogenous obesity, depression, degenerative disc disease of the lumbar spine, status post bilateral carpal tunnel release, history of meniscal tear of the right knee, and insomnia. Under consideration is a request for massage therapy for the low back 2x4. There is a primary treating physician report dated 7/16/14 that states the patient has been having a lot of pain. She is unable to use spandex. She is having problems getting to bathroom and will feel depressed at night. She has problems getting out of bed. Having pain in multiple areas. She had recent fall and "damaged" thumb on the left. On exam she is alert and conversant. She uses a rolling walker. The left thumb DIP is tender with a click. Generally status quo per document. The treatment plan is remain off of work. Per documentation the patient's prior treatment for low back since her injury have included medications, back brace, physical therapy, chiropractic treatment, acupuncture, cognitive behavioral therapy and other modalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy for the low back 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Message therapy.

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

Decision rationale: Massage therapy for the low back 2x4 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient has failed active treatments such as physical therapy. It is unlikely that a passive treatment such as massage will cause a significant functional improvement or lasting change in pain levels. The guidelines state that massage should be limited to 4-6 visits in most cases. Massage is a passive intervention and treatment dependence should be avoided. The documentation is unclear whether the patient has had prior massage since her injury. Furthermore the request for 8 sessions exceeds the recommended number of visits. The request for massage therapy for the low back 2 x 4 is not medically necessary.