

Case Number:	CM14-0144480		
Date Assigned:	09/12/2014	Date of Injury:	03/01/2011
Decision Date:	10/14/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/05/2014

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 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:

According to the records made available for review, this is a 51-year-old male with a 3/1/11 date of injury. At the time (8/14/14) of request for authorization for additional massage therapy x 6 visits, there is documentation of subjective (ongoing low back pain) and objective (tenderness over the cervical and lumbar paraspinal muscles) findings, current diagnoses (low back pain and neck pain), and treatment to date (medications and 6 previous massage therapy treatments). Medical report identifies that the patient was able to decreased Norco use from 3 a day to 2 a day as a result of prior massage therapy. There is no documentation of massage therapy used in conjunction with an exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional massage therapy x 6 visits.: 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 Massage Therapy Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Massage Therapy

Decision rationale: MTUS identifies documentation that massage therapy is being used as an adjunct to other recommended treatment (e.g. exercise), as criteria necessary to support the medical necessity of massage therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of objective functional deficits, functional goals and massage used in conjunction with an exercise program, as criteria necessary to support the medical necessity of massage therapy. In addition, ODG recommends a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Within the information available for review, there is documentation of diagnoses of low back pain and neck pain. In addition there is documentation of 6 previous massage therapy treatments. Furthermore, there is documentation of objective functional deficits and functional goals. Lastly, given documentation that the patient was able to decreased Norco use from 3 a day to 2 a day as a result of prior massage therapy, there is documentation of functional benefit and improvement as a reduction in the use of medications as a result of massage therapy treatments provided to date. However, there is no documentation of massage therapy used in conjunction with an exercise program. Therefore, based on guidelines and a review of the evidence, the request for Additional massage therapy times 6 visits is not medically necessary.