

Case Number:	CM14-0146358		
Date Assigned:	09/12/2014	Date of Injury:	04/20/2014
Decision Date:	10/14/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/09/2014

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:

This is a patient with a date of injury of April 20, 2014. A utilization review determination dated August 20, 2014 recommends noncertification for massage therapy. A physical therapy evaluation dated June 11, 2014 identifies subjective complaints of moderate to severe low back pain with spasm and radiation of symptoms bilaterally into the legs. Objective examination findings reveal restrictive lumbar range of motion with decreased core strength. Diagnoses included lumbar spine sprain/strain with severe muscle spasm and radicular symptoms. The treatment plan recommends physical therapy 2 times a week for 6 weeks. A progress report dated June 18, 2014 identifies subjective complaints of tightness in the lower back with radiation of symptoms into his lateral leg and soul of the foot. The patient has been to physical therapy for 2 sessions which he finds helpful. Physical examination findings identify mild tenderness to palpation in the lumbar paraspinals with full active range of motion in all planes. Motor strength is 5/5 and sensation is intact and bilateral lower extremities. The diagnoses include lumbar muscle strain. The treatment plan recommends modified work, ibuprofen, physical therapy, lumbar MRI, and activity precautions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy 2 times per week for 3 weeks for the lower back: 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 Page(s): 60 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Massage Therapy

Decision rationale: Regarding the request for massage therapy, Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review, it is unclear exactly what objective treatment goals are hoping to be addressed with the currently requested massage therapy. In the absence of clarity regarding those issues, the currently requested massage therapy is not medically necessary.