

Case Number:	CM14-0181409		
Date Assigned:	11/06/2014	Date of Injury:	04/01/2008
Decision Date:	12/12/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	10/31/2014

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 Illinois. 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 injured worker is a 43-year-old male who reported an injury on 04/01/2008. The mechanism of injury was not included in the documentation submitted for review. The injured worker's diagnoses were noted to include spinal stenosis at L2-3, chronic neck pain, back pain, and shoulder pain. His past treatments were noted to include acupuncture, psychotherapy, toradol injections, and lumbar epidural steroid injections. The documentation stated that the injured worker's diagnostic studies were noted to include an MRI of the lumbar spine, an MRI of the right shoulder, and an EMG of his bilateral lower extremities. His past surgeries included right ankle surgery on 07/16/2008 with hardware removal on 01/21/2011. It was also noted that he had lumbar fusion at L4 through S1 on 01/19/2010. On 10/08/2014, the injured worker complained of persistent low back pain and pain to the lower extremities rated 7/10. The injured worker stated that medication was helping him, and that he wanted to request massage therapy. He stated he had not had this in the past. However, it was noted massage therapy was beneficial when he paid out of pocket for it. The documentation noted that the injured worker's pain on average was 5/10, 8/10 pain at worst, and 4/10 at best with medication. The injured worker had significant tenderness to palpation over his lumbar spine, more so on the right. The documentation submitted did not include any other objective physical findings. The injured worker's medications were noted to include Zanaflex, Cymbalta, Duragesic patches, and Flexeril. His treatment plan was noted to include the continuation of medications, including the Duragesic patch, 8 sessions of massage therapy, and toradol injections. The documentation also showed that the provider was recommending no heavy lifting, or prolonged standing or walking. The documentation submitted for review did not include a rationale for the request. A Request for Authorization dated 10/17/2014 was submitted in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy x 8: 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 rationale: The request for massage therapy times 8 is not medically necessary. The California MTUS Guidelines recommend massage therapy as an option as an adjunct to other recommended treatment such as exercise, and it should be limited to 4 to 6 visits in most cases. Massage therapy is a passive intervention, and treatment dependence should be avoided. The documentation noted the injured worker had been paying for massage therapy out of pocket and it which was noted to be beneficial for him in the past. The documentation stated that the injured worker had a diagnosis of a major depressive disorder for which he was undergoing psychotherapy. The documentation also noted the injured worker was able to walk for exercise a couple times a week for about 15 min at a time and was able to perform activities of daily living, but there was lack of documentation showing the injured worker had significant objective functional deficits. The request for 8 sessions of massage therapy would exceed the guideline recommendation for 5-6 visits. The requesting physician's rationale for the request is not indicated within the provided documentation. Additionally, the request submitted failed to indicate the body part for which the injured worker was to receive massage therapy. As such, the request is not medically necessary.