

Case Number:	CM14-0211698		
Date Assigned:	12/24/2014	Date of Injury:	08/06/2014
Decision Date:	03/03/2015	UR Denial Date:	12/13/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 27-year-old male who reported an injury on 08/06/2014; the mechanism of injury was not provided. The diagnoses included low back pain, lumbosacral pain, joint pain, and sciatica pain. The clinical note dated 12/03/2014 noted the injured worker presented with complaints of low back pain. The physical examination revealed limited range of motion in the lumbar spine secondary to moderately severe pain. There was evidence of a positive bilateral straight leg raise and a Kemp's test. There was tenderness to palpation to the lumbar paravertebral musculature bilaterally. A current medication list was not provided. Prior therapy included infrared, electrical stimulation, ultrasound, and chiropractic manipulative therapy. The provider recommended massage therapy. The provider's rationale was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy.

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

Decision rationale: The request for massage therapy is not medically necessary. California MTUS Guidelines recommend 4 to 6 sessions of massage therapy when used as an adjunct to other treatments such as exercise. The documentation submitted for review noted that the patient had ongoing severe low back pain. However, there was no evidence to support the patient was in an active treatment program that could be used as an adjunct to massage therapy. Additionally, the provider's request failed to specify the number of massage therapy sessions being requested. As such, medical necessity has not been established.