MAXIMUS Federal Services

Case Number:	CM14-0061104		
Date Assigned:	07/09/2014	Date of Injury:	01/18/2013
Decision Date:	02/17/2015	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/02/2014

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 Occupational Medicine 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:

The applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 18, 2013.In a utilization review report dated April 25, 2014, the claims administrator denied a request for six sessions of massage therapy to the low back, noting that six treatments had been previously approved in 2014 alone. The claims administrator referenced an April 11, 2014 progress note in its determination.The applicant's attorney subsequently appealed.On May 26, 2014, the applicant reported persistent complaints of low back pain, 6/10 with medications versus 8/10 without medications. The applicant was self-procuring massage therapy of his own accord, it was stated. The applicant was on baclofen, methotrexate, and prednisone, it was noted. In one section of the note, it was stated that the applicant was working modified duty at a desk job while in another section it was stated that the applicant was not currently working. Prednisone, methotrexate, and baclofen were endorsed. The applicant was given a rather proscriptive 10-pound lifting limitation. The attending provider did state in some section of the note that the applicant's employer was willing to accommodate the limitations while other sections of the note said otherwise.In an April 11, 2014 progress note, the applicant reported persistent complaints of low back pain, 5/10 with medication versus 7/10 without medications. The applicant was concurrently receiving care from a rheumatologist. The applicant exhibited a normal gait and 5/5 lower extremity strength. Massage therapy was endorsed, along with a 10-pound lifting limitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy to the low back quantity six: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Topic; Physical Medicine Topic Page(s): 60;98.

Decision rationale: As noted on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines, massage therapy is recommended as an adjunct to other recommended treatments, such as exercise, and should be reserved to four to six visits in most cases. Here, the applicant had already received six sessions of massage therapy earlier in 2014. The request, thus, as written, runs counter to both page 60 of the MTUS Chronic Pain Medical Treatment Guidelines and to page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, which stipulates that passive modalities, as a whole, should be employed "sparingly" during the chronic pain phase of a claim. Therefore, the request is not medically necessary.