

Case Number:	CM14-0095168		
Date Assigned:	07/25/2014	Date of Injury:	11/25/2008
Decision Date:	06/08/2015	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/23/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 59 year old male who sustained an industrial injury on 11/25/2008. He reported chronic low back pain rated a 3-7/10 with night pain worse at 8/10. The injured worker was diagnosed as having acquired spondylolisthesis, stenosis spinal lumbar, pain, psychogenic not elsewhere classified, chronic pain not elsewhere classified, therapeutic drug monitor, and long -term use medications, not elsewhere classified. Treatment to date has included epidural injections which were not helpful, massage therapy, and a medication regimen. Currently, the injured worker complains of lower back pain located in the midline below the waist. The pain is described as throbbing in nature and ranging between 3-8 in severity. Sitting increases its intensity as does walking more than 3-4 blocks, coughing, standing more than one hour and lifting more than fifty pounds. His pain is relieved with massage therapy, hot soaks, stretching, physical therapy, leaning forward and leaning on counters. He describes shooting pain down the left buttock and thigh. His requests for authorization include: 1 prescription of Ambien 5mg, #90, 1 prescription of Robaxin 500mg #90, 1 prescription of Venlafaxine ER 37.5mg #120, Six (6) weekly massage therapy sessions for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) weekly massage therapy sessions for the low back: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy, p60.

Decision rationale: The claimant sustained a work injury in November 2008 and continues to be treated for low back pain. Treatments have included physical therapy and massage therapy. When seen, he was having radiating low back pain. Physical examination findings included lumbar spine tenderness and increased muscle tone. There was decreased lumbar spine range of motion. Authorization for six weekly massage therapy sessions was requested. Massage therapy is recommended as an option. It should be an adjunct to other recommended treatments such as exercise. Guidelines recommend that it should be limited to 4-6 visits in most cases. In this case the number of treatment sessions is consistent with guideline recommendations. Prior massage treatments have been effective. The claimant has had physical therapy and would be expected to be able to perform a home exercise program as adjunctive treatment. The request is therefore medically necessary.