

Case Number:	CM15-0013174		
Date Assigned:	01/30/2015	Date of Injury:	04/29/2009
Decision Date:	03/26/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/22/2015

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

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 60 year old male with an industrial injury dated April 29, 2009. The injured worker diagnoses include syndrome post concussion, syndrome cervicocranial, lumbar disc displacement without myelopathy, pain in joint lower leg, unspecified major depression, recurrent episode, anxiety state not otherwise specified, pain psychogenic NEC, posttraumatic stress disorder, chronic pain, neck pain, long term use meds and therapeutic drug monitor. He has been treated with diagnostic studies, radiographic imaging, prescribed medications, and periodic follow up visits. According to the progress note dated 12/16/14, the treating physician noted the injured worker continued to have neck pain, low back pain, left knee pain and left ankle pain. Objective findings revealed spasm and guarding in lumbar spine. The injured worker's gait was slightly guarded with some difficulty standing from allow lying chair without the assistance from his arms. The treating physician prescribed services for six massage therapy sessions for the left knee, lumbar and cervical spine. Utilization Review determination on December 24, 2014 denied the request for 6 massage therapy sessions for the left knee, lumbar and cervical spine, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy for the left knee, lumbar and cervical spine; 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy, Physical medicine.

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

Decision rationale: The patient presents with neck, low back, left knee and left ankle pain rated 9-10/10 without and 06/10 with medication. The request is for MASSAGE THERAPY FOR THE LEFT KNEE, LUMBAR, AND CERVICAL SPINE 6 SESSIONS. The RFA provided is dated 07/07/14. Patient's pertinent diagnosis included syndrome post concussion, syndrome cervicocranial, and lumbar disc displacement without myelopathy, pain in joint lower leg, chronic pain, and neck pain. Patient is permanent and stationary. The MTUS Guidelines page 60 on massage therapy states that it is recommended as an option and as an adjunct with other recommended treatments such as exercise and should be limited to 4 to 6 visits. Massage is a passive intervention and treatment, dependence should be avoided. Per the progress report dated 12/16/14, the patient has completed unknown number of massage therapy sessions and states that the pain is reduced to 3-4/10 after receiving massage therapy. There are no discussions or documentations regarding the number of completed sessions and functional outcomes. Furthermore, treater does not explain why on-going therapy is needed and why the patient is unable to transition into a home exercise program. Based on the limited provided information the request cannot be considered to be in accordance with the MTUS guidelines. Therefore, the request IS NOT medically necessary.