

Case Number:	CM15-0110700		
Date Assigned:	06/17/2015	Date of Injury:	10/03/2013
Decision Date:	07/16/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/09/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 40 year old male who sustained an industrial injury on 10/3/13. The injured worker was diagnosed as having lumbar spine herniated nucleus pulposus and cervical spine strain. Currently, the injured worker was with complaints of cervical spine and lumbar spine pain and stiffness. Previous treatments included medication management and injection therapy. Previous diagnostic studies included a magnetic resonance imaging revealing a collapsed L5-S1 disk space with moderate neuroforaminal stenosis at the extraforaminal zone. Physical examination was notable for lumbar spine paraspinal spasms and tightness. The plan of care was for massage therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 massage therapy sessions for the cervical and lumbar spine: 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: This claimant was injured in 2013. There was back and cervical spine strain. There continues to be pain and stiffness. Regarding Massage therapy, the MTUS notes this treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. In this case, objective functional benefit out of a first six sessions was not noted; 12 sessions for example would not be supported initially. Moreover, it is not clear it is being proposed as an adjunct to other treatment, such as exercise. Therefore, this request is not medically necessary.