

Case Number:	CM15-0111542		
Date Assigned:	06/18/2015	Date of Injury:	08/12/2014
Decision Date:	07/16/2015	UR Denial Date:	05/12/2015
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: 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 is a 52 year old male who sustained an industrial injury on 08/12/2014. Current diagnosis includes spondylosis lumbosacral. Previous treatments included medication management, physical therapy, acupuncture, and massage therapy. Previous diagnostic studies include a lumbar spine MRI. Initial injuries included the low back. Report dated 04/30/2015 noted that the injured worker presented with complaints that included low back pain and increased tightness. It was documented that the injured worker is making slow progress with physical therapy, acupuncture, and massage therapy. It was also noted that the injured worker is not using any medications. Pain level was not included. Physical examination was positive for increased low back paraspinal muscle tone. The treatment plan included requests for physical therapy and massage therapy, a prescription for tizanidine HCL, and follow up in 4 weeks. It was noted that the request for physical therapy and massage therapy was for the diffuse tightness in the lower back. Documentation supports that the injured worker was previously authorized for 12 visits of physical therapy and 6 visits of massage. Physical therapy progress note dated 04/10/2015 notes that the injured worker has completed 12 visits of physical therapy. The therapist documented improvement in presenting pain levels and ability to perform more activities of daily living without experiencing severe increases in pain, but there is continued tightness in the low back. There were no progress reports submitted by the massage therapist. Disputed treatments include additional physical therapy and massage therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy x 12 for the lumbosacral spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work-related injury in August 2014 and continues to be treated for low back pain. When seen, physical therapy, massage therapy, and acupuncture were being provided with slow progress. There was increased lumbar paraspinal muscle tone with an otherwise normal examination. He had already completed 12 physical therapy treatment sessions. Guidelines recommend up to 10 visits over 8 weeks for this condition. In this case, the number of treatment sessions requested is in excess of the guideline recommendation. Additionally, the claimant has already had therapy treatments. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing the number of requested additional skilled therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The requested therapy was not medically necessary.

Massage therapy x 12 for the lumbosacral spine: 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 claimant sustained a work-related injury in August 2014 and continues to be treated for low back pain. When seen, physical therapy, massage therapy, and acupuncture were being provided with slow progress. There was increased lumbar paraspinal muscle tone with an otherwise normal examination. He had already completed 12 physical therapy treatment sessions. 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 in excess of the guideline recommendation and prior massage therapy appears to have been ineffective. Extension of treatment is not supported. The request was not medically necessary.