MAXIMUS Federal Services

Case Number:	CM15-0122216		
Date Assigned:	07/27/2015	Date of Injury:	06/16/1999
Decision Date:	08/24/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/24/2015

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, 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 58 year old male, who sustained an industrial injury on June 16, 1999. He reported felt immediate pain in his low back and bilateral extremities. The injured worker was diagnosed as having lumbago, lumbar radiculopathy, lumbar spinal stenosis, lumbar degenerative disc disease and lumbar spondylosis without myelopathy. Treatment to date has included physical therapy, acupuncture, medication, diagnostic studies, transcutaneous electrical nerve stimulation unit, massage, heat, ice application, ultrasound, epidural steroid injections and intra-discal electro thermal. His physical therapy treatments were noted to supply more strengthening and flexibility. Acupuncture provided some relief. On May 21, 2015, the injured worker complained of constant achiness and mostly soreness across his low back that radiates to the bilateral buttocks. The pain was rated as a 5 on a 1-10 pain scale. The treatment plan included medication and a follow-up visit with pain management. On May 21, 2015, Utilization Review non-certified the request for additional massage therapy times sixteen and follow-up in one month pain management, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy (x16) additional: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 of 127.

Decision rationale: Regarding the request for massage therapy, Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review, there is no documentation of objective functional improvement from the prior massage therapy sessions and no clear rationale for a quantity of sessions well exceeding the recommendations of the guidelines. In the absence of clarity regarding those issues, the currently requested massage therapy is not medically necessary.

Follow up in 1 month pain management: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office visits.

Decision rationale: Regarding the request for follow-up with pain management, California MTUS does not specifically address the issue. ODG cites that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible." Within the documentation available for review, it is noted that the patient is currently taking multiple medications that warrant routine reevaluation for efficacy and continued need. In light of the above, the currently requested follow-up with pain management is medically necessary.