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| Case Number: | CM15-0122786 | | |
| Date Assigned: | 07/07/2015 | Date of Injury: | 10/20/1999 |
| Decision Date: | 07/31/2015 | UR Denial Date: | 06/08/2015 |
| Priority: | Standard | Application Received: | 06/25/2015 |

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 62-year-old male who sustained an industrial injury on 10/20/1999. Mechanism of injury was not documented. Diagnoses include status post lumbar spine surgery at L4-L5 and lumbar sprain. Treatment to date has included diagnostic studies, surgery, therapy, home exercise program, and medications. On 10/14/2014 a Magnetic Resonance Imaging of the lumbar spine was done and revealed postoperative changes at L4-S1 and a slightly greater degree of degenerative retrolisthesis of L3 on L4 secondary to significant facet arthropathy. There is lateral recess narrowing demonstrated at this level with mild to moderate bilateral foraminal encroachment. The injured worker is now retired. A physician progress note dated 04/08/2015 documents the injured worker is receiving his medications. He rates his pain as 10 out of 10 on the pain scale. The pain is intermittent. His medications take the edge of the pain reducing it to a level of 4 and the pain comes back. He also uses patches for symptom relief. He has a slow gait pattern and heel and toe ambulation is very painful. Lumbar spine range of motion is restricted. Straight leg raise test is positive at 45 degrees from laying down flat on the left side. The treatment plans includes continuation of the Duragesic patch, Percocet, and Ambien, and to continue his home exercises. Treatment requested is for deep tissue massage 2 x a week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deep tissue massage 2 x a week for 3 weeks: 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 60.

Decision rationale: Massage is recommended for time-limited use in subacute and chronic pain patients without underlying serious pathology and as an adjunct to a conditioning program that has both graded aerobic exercise and strengthening exercises; however, this is not the case for this chronic injury of 1999 status post significant conservative physical therapy currently on an independent home exercise program without plan for formal physical therapy sessions. The patient has remained functionally unchanged. A short course may be appropriate during an acute flare-up; however, this has not been demonstrated nor are there any documented clinical change or functional improvement from treatment rendered previously. Without any new onset or documented plan for a concurrent active exercise program, criteria for massage therapy have not been established per MTUS Chronic Pain Guidelines. The Deep tissue massage 2 x a week for 3 weeks is not medically necessary.