

Case Number:	CM15-0123927		
Date Assigned:	07/08/2015	Date of Injury:	05/28/2014
Decision Date:	08/10/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/26/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 29 year old female, who sustained an industrial injury on 5/28/14. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar spine region sprain; lumbosacral neuritis NOS. Treatment to date has included physical therapy; urine drug screening; medications. Diagnostics studies included EMG/NCV study lower extremities (5/12/15). Currently, the PR-2 notes dated 6/4/15 indicated the injured worker complains of persistent low back and bilateral leg pain with numbness and weakness; left knee pain; newer onset of neck and bilateral shoulder pain; facial dermatitis, newer onset of dyspareunia; anxiety; insomnia; constipation; and hair loss. The injured worker's report of persistent lumbar radiculopathy is secondary to lumbar disk herniation at L4-5 with documented neural foraminal stenosis and nerve root compromise at L4-5 per an MRI scan on 9/2/14 with no benefit following an epidural steroid injection on 2/9/15. An EMG/NCV test of the lower extremities on 5/12/15 is documented as normal. She notes the left knee pain is constant with subacute tendonitis and bursitis possibly due to compensatory changes related to an abnormal gait from the lumbar disk injury. She has a prior history of left ankle pain consistent with left ankle strain after a partial fall related to onset of weakness of the left lower extremity with improvement. She has constipation is opioid and non-opioid analgesic use. Facial dermatitis is following a lumbar epidural steroid injection with improvement. She reports alopecia of an undetermined etiology. Her dyspareunia, anxiety and depression are related to her chronic pain syndrome. Her stomach pain is related to gastroesophageal reflux. The provider documents the injured worker has had urine drug screening and shows no aberrant behaviors. On physical examination of the cervical spine, the provider notes range of motion is normal with mild tenderness over the erector

capitus and trapezius muscles. There is mild tenderness with forward flexion 70 degrees, right and left rotation 20 degrees, extension 10 degrees. There is moderate to severe point tenderness over the left gluteal and lumbar paravertebral muscle and the right side is minimally tender. Straight leg raise test is still positive on the left to 80 degrees and negative on the right to 90 degrees. There is residual decreased range of motion of the left knee with mild tenderness over the left knee but no joint effusion. Range of motion of the shoulders, elbows, wrists, hips, right knee and ankles is normal without tenderness or effusions. The facial lesions have resolved. The provider's treatment plan included massage therapy 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommend massage therapy as an adjunct to other recommended treatments such as exercise. Massage therapy should be limited to 4-6 visits as there is a lack of evidence of long-term benefit. Massage therapy is also beneficial for stress and anxiety reduction. In this case the request for 12 sessions exceeds the guidelines and is not medically necessary.