

Case Number:	CM15-0124941		
Date Assigned:	07/15/2015	Date of Injury:	04/28/2005
Decision Date:	08/11/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/29/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 (IW) is a 50-year-old male who sustained an industrial injury on 04/28/2005. Diagnoses include chronic pain syndrome; lumbago; lumbar degenerative disc disease; and lumbar nerve root impingement. Treatment to date has included medication, massage therapy and lumbar epidural steroid injection (LESI). Electrodiagnostic testing (undated) showed right L5 and S1 radiculopathy. MRI of the lumbar spine on 12/19/13 showed a sequestered disc fragment central to right at L4-5. According to the progress notes dated 5/6/15, the IW reported lower back pain with bilateral leg pain and numbness, worse on the right. The pain had not changed since the previous exam and was rated 7/10. On examination, tenderness was present over the superior trapezius and levator scapulae on movement and over the iliolumbar region bilaterally, greater on the right, with sacroiliac tenderness on flexion and extension. A request was made for massage therapy once a week for 12 weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy for the lumbar spine 1x12: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Massage therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, massage therapy for the lumbar spine one time per week times 12 weeks is not medically necessary. Massage is a passive intervention and considered an adjunct to other recommended treatment, especially active interventions (e.g. exercise). Massage therapy should be limited to 4-6 visits in most cases. See the guidelines for details. Massage therapy 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, the injured worker's working diagnoses are chronic pain syndrome; lumbago; lumbar DDD; and lumbar nerve root impingement. Subjectively, the injured worker presented for pain management. Objectively, there is tenderness to help patient over the lumbar paraspinal muscle groups with decreased range of motion. The date of injury is April 28, 2005. The request for authorization is May 20, 2015. According to progress note dated May 6, 2015, the treating provider is requesting an extension of massage therapy one time per week times 12 weeks. Utilization review states the injured worker received massage therapy. The number of prior massage therapy visits are not specified. Massage therapy should be limited to 4-6 visits in most cases. There were no compelling clinical facts indicating massage therapy as clinically indicated. Consequently, absent clinical documentation of prior massage therapy, number of massage therapy sessions to date and documentation demonstrating objective functional improvement, massage therapy for the lumbar spine one time per week times 12 weeks is not medically necessary.