

Case Number:	CM15-0127092		
Date Assigned:	07/13/2015	Date of Injury:	07/03/2013
Decision Date:	08/07/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/01/2015

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: 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 44 year old male, who sustained an industrial injury on July 3, 2013. Treatment to date has included MRI of the lumbar spine physical therapy, massage therapy, home exercise program, medications, TENS unit and arthroscopic rotator cuff repair. Currently, the injured worker complains of stabbing pain in the left shoulder and low back. He reports tingling in his right shoulder and has numbness in the right calf and right forearm. The injured worker reports that physical therapy is helping with his range of motion but he still needs improvement in strength. He completed massage therapy for his low back and reported that it provided 40% pain relief and he required less medication. He reports that his pain is aggravated with bending and lifting and is relieved with lying down, medications and physical therapy. He rates his pain a 4-5 on a 10-point scale without medications and a 2-3 on a 10-point scale with medications. He uses a TENS unit for added pain relief and he is able to use less medication when using his TENS unit. The diagnoses associated with the request include low back pain, lumbar degenerative disc disease, lumbar discogenic pain, lumbar radiculitis, right foot pain, bilateral shoulder pain, partial thickness tear of the left shoulder, rotator cuff tear of the right shoulder and chronic pain syndrome. The treatment plan includes continued home exercise program, continued use of TENS unit, physical therapy for the shoulders, continued massage therapy for the low back, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy lumbar spine x 6: Overturned

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 Page(s): 60.

Decision rationale: The California chronic pain medical treatment guidelines section on massage states: Recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage 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. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. (Hasson, 2004) A very small pilot study showed that massage can be at least as effective as standard medical care in chronic pain syndromes. Relative changes are equal, but tend to last longer and to generalize more into psychologic domains. (Walach 2003) The strongest evidence for benefits of massage is for stress and anxiety reduction, although research for pain control and management of other symptoms, including pain, is promising. The physician should feel comfortable discussing massage therapy with patients and be able to refer patients to a qualified massage therapist as appropriate. (Corbin 2005) Massage is an effective adjunct treatment to relieve acute postoperative pain in patients who had major surgery, according to the results of a randomized controlled trial recently published in the Archives of Surgery. (Mitchinson, 2007) Massage/myofascial release is a recommended treatment option per the California MTUS as and adjunct to exercise. The clinical documentation for review and the request meets criteria as cited above and is therefore medically necessary.