MAXIMUS Federal Services

Case Number:	CM15-0128712		
Date Assigned:	07/16/2015	Date of Injury:	05/06/1999
Decision Date:	08/11/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/06/2015

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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 is a 42 year old female, who sustained an industrial injury on May 6, 1999. She reported injury to the low back. The injured worker was currently diagnosed as having degeneration of lumbar or lumbosacral intervertebral disc, lumbosacral spondylosis without myelopathy, displacement of lumbar intervertebral disc without myelopathy, postlaminectomy syndrome of lumbar region, depressive disorder and anxiety state unspecified. Treatment to date has included surgery, ice, heat, transcutaneous electrical nerve stimulation unit, medication, therapy, massage and acupuncture. On May 6, 2015, the injured worker complained of constant lumbar paraspinal pain bilaterally with radiation down the legs. The average pain level was rated as a 5-6 on a 1-10 pain scale. The pain is alleviated by lying down, therapy, massage and acupuncture. The treatment plan included trigger point injection under ultrasound, massage therapy referral, acupuncture referral, physical therapy referral, follow-up visit and medication. On June 30, 2015, Utilization Review non-certified the request for two massage therapy for the lower back two times a month as an outpatient, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Massage Therapy for the lower back 2 times a month: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Title 8, effective July 18, 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back.

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 (Chronic), Massage Therapy, Manual Therapy.

Decision rationale: MTUS states regarding massage therapy, "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". ODG offers additional frequency and timeline for massage therapy by recommending: a. Time to produce effect: 4 to 6 treatments. b. Frequency: 1 to 2 times per week for the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. c. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. The request is within guideline recommendation of 4-6 visits over no more than 8 week. This medical documentation provided indicates this patient has increased pain and complaints of spasms. The request meets guideline recommendations. As such, the request for 2 Massage Therapy for the lower back 2 times a month is medically necessary.