MAXIMUS Federal Services

Case Number:	CM15-0129304		
Date Assigned:	07/15/2015	Date of Injury:	09/25/1999
Decision Date:	08/19/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/03/2015

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: Pennsylvania, Ohio, 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 67-year-old female, who sustained an industrial injury on September 25, 1999. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included injection, massage therapy, heat and ice therapy, rest, surgery and medication. Currently, the injured worker complains of low back pain that radiates to her left hip. The pain is described as deep, aching, chronic, dull, stable, discomfort and numbness and radiating. The symptoms are exacerbated by lifting, bending, twisting, prolonged standing, walking and activity. The injured worker is diagnosed with lumbar radiculitis, myofascial muscle pain, lumbosacral spondylosis, lumbar spinal stenosis, spondylolisthesis (post fusion and discectomy), carpal tunnel syndrome and opioid dependence. Her current work status was not included in the documentation. A note dated May 6, 2015 states the injured worker has experienced a decrease in symptoms with the following modalities; injections, massage therapy, heat and ice therapy, rest, medication and changing position. The note also states the injured worker has experienced efficacy from the different treatment modalities, which has improved her quality of life and ability to. A note dated March 9, 2015 states the injured worker experienced a 75% improvement in her pain symptoms after the injection. A noted dated February 11, 2015 states the injured worker a decrease in muscle tightness and lumbar pain from massage therapy. Notes, from massage therapy appointments, dated January 28, 2015, February 4, 2015 state the injured worker's pain level was mild after the session. Due to previous therapeutic efficacy, eight massage therapy sessions for the lumbar spine is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight massage therapy sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: MTUS recommends massage for limited indications up to 6 visits in the acute phase of an injury. This treatment is intended as an adjunct to active treatment and to facilitate early functional restoration. Massage is a passive treatment, which is not recommended for ongoing or chronic use. The request in this case is not consistent with these guidelines; the request is not medically necessary.