

Case Number:	CM15-0171419		
Date Assigned:	09/15/2015	Date of Injury:	06/15/2014
Decision Date:	10/20/2015	UR Denial Date:	08/01/2015
Priority:	Standard	Application Received:	08/31/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 35 year old female, who sustained an industrial injury on 06-15-2014. She has reported injury to the neck, low back, right wrist, and left middle finger. The diagnoses have included sprain-strain lumbar region; rule out lumbar disc herniation versus lumbar facet syndrome; sprains and strains of neck; pain in joint hand; and left middle finger strain. Treatment to date has included medications, diagnostics, splinting, acupuncture, chiropractic therapy, and physical therapy. Medications have included Ibuprofen, Tylenol with Codeine, and Omeprazole. A progress report from the treating physician, dated 07-22-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continued pain in the neck, back, right wrist, and left middle finger; she has low back pain with intermittent radiation into the bilateral lower extremities; significant tightness in the muscles of her low back; her pain increases with prolonged standing, walking, and lying down; she complains of stiffness in her low back muscles; the pain improves with rest, position changes, and medication; she has completed three physical therapy sessions so far, and noticed significant increase in her pain following the treatment; after her last session she noticed a dramatic increase in her pain, and she states that she had difficulty walking, was tearful, and considered going to the emergency room due to increased pain; she states her physical therapist has recommended trying aquatic therapy as opposed to land-based therapy; she has completed approximately 4 sessions of acupuncture and states that this is helping to reduce her pain; after treatment, her pain decreased by approximately 50%; and this improves her tolerance for walking and standing, and allows her to sleep more comfortably. Objective findings included she does not exhibit acute distress; bilateral

upper and lower extremity musculoskeletal strengths are rated at 5 out of 5; and she demonstrates spasm, hypertonicity, and guarding in the lumbar paraspinal musculature on exam. The treatment plan has included the request for twelve (12) sessions of massage therapy. The original utilization review, dated 08-01-2015, modified a request for twelve (12) sessions of massage therapy, to 4 sessions of massage therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) sessions of massage therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Massage Therapy.

Decision rationale: Regarding the request for twelve (12) sessions of massage therapy, Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review there is no indication that the currently requested massage therapy will be used as an adjunct to other recommended treatment modalities. Additionally, it is unclear exactly what objective treatment goals are hoping to be addressed with the currently requested massage therapy. Finally, the request exceeds the recommended limit of 4-6 visits. In the absence of clarity regarding those issues, the currently requested Twelve (12) sessions of massage therapy is not medically necessary.