

Case Number:	CM15-0177716		
Date Assigned:	09/18/2015	Date of Injury:	09/17/2005
Decision Date:	10/21/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/09/2015

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

Certification(s)/Specialty: Emergency 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 57 year old male injured worker suffered an industrial injury on 9-17-2005. The diagnoses included chronic pain syndrome, anxiety, inflamed sacroiliac joint, thoracic radiculitis, brachial radiculitis, post-concussive syndrome, myositis, thoracic back strain, sprain of shoulder and upper arm, cervical and thoracic radiculopathy. On 7-31-2015 the treating provider reported low back pain and neck pain. He had been exercising in the pool. He noted the upper back had been improving even is the lower back had been somewhat more painful lately. On 8-4-2015 the provider reported back pain that was moderate to severe and was persistent that radiated to the right ankle, left arm, right arm, left foot, right foot, left thigh and right thigh. The pain was rated 9 out of 10 without medications and 4 out of 10 with medications. On exam there was altered gait, cervical, thoracic and lumbar pain with motion. He reported the pain level had gone up for the last 2 weeks and the sciatica which usually affects the right leg was now affecting the left as well. Prior treatments included epidural steroid injection, physical therapy, chiropractic therapy, acupuncture and medications. The diagnostics included The Utilization Review on 8-14-2015 determined non-certification for Massage therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 rationale: The requested Massage therapy is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 60, Massage therapy, recommends massage therapy as an option and "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." The injured worker has back pain that was moderate to severe and was persistent that radiated to the right ankle, left arm, right arm, left foot, right foot, left thigh and right thigh. The pain was rated 9 out of 10 without medications and 4 out of 10 with medications. On exam there was altered gait, cervical, thoracic and lumbar pain with motion. The treating physician has not documented the injured worker's participation in a dynamic home exercise program or other programs involving aerobic and strengthening exercise. The criteria noted above not having been met, Massage therapy is not medically necessary.