

Case Number:	CM15-0179277		
Date Assigned:	09/21/2015	Date of Injury:	02/02/2004
Decision Date:	11/06/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/11/2015

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 52 year old male, who sustained an industrial injury on February 2, 2004. He reported neck pain, bilateral upper extremity pain, bilateral shoulder pain, low back pain and left lower extremity pain. The injured worker was diagnosed as having post-surgical state, lumbosacral neuritis, spinal cord disease, cervical spondylosis with myelopathy, lumbosacral disc degeneration, lumbar spinal stenosis, arthrodesis status, post-laminectomy syndrome of the lumbar spine, myalgia and myositis. Treatment to date has included diagnostic studies, surgical interventions of the neck (2002 and 2012), back (2004) and left knee (1994), physical therapy "did not help", acupuncture "did not help", medications and work restrictions. Currently, the injured worker continues to report neck pain radiating to bilateral upper extremities, bilateral shoulder pain and low back pain with pain radiating to the left lower extremity. The injured worker reported an industrial injury in 2004, resulting in the above noted pain. He was without complete resolution of the pain. Evaluation on July 2, 2015, revealed pain and a positive straight leg raise test. Evaluation on July 30, 2015, revealed continued pain as noted. He rated his pain at 7 on a 1-10 scale with 10 being the worst. The RFA included requests for Outpatient massage therapy consultation, Outpatient massage therapy three times a week for four weeks and Outpatient physical therapy three times a week for four weeks and was non-certified on the utilization review (UR) on August 7, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient massage therapy consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

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 chronic case is not consistent with these guidelines; the request is not medically necessary.

Outpatient massage therapy three times a week for four weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

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 chronic case is not consistent with these guidelines; the request is not medically necessary.

Outpatient physical therapy three times a week for four weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.