

Case Number:	CM15-0179336		
Date Assigned:	09/21/2015	Date of Injury:	10/15/2014
Decision Date:	10/23/2015	UR Denial Date:	08/24/2015
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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 26-year-old male who sustained an industrial injury on 10-15-14 resulting in a low back injury. Diagnoses include lumbar herniated nucleus pulposus. He currently (8-11-15 some of the note is not decipherable) complains of increased lower back pain. His pain level was not enumerated. He has decreased activities of daily living, limited range of motion, and positive straight leg raise on the left. In the 7-28-15 note, he had low back pain radiating to the left leg with tingling. On physical exam, there was positive straight leg raise, spasms, tenderness, decreased sensation. On 7-1-15, his pain level was 3 out of 10. Diagnostics included MRI of the lumbar spine (2-24-15) showing left sided herniation at L5-S1. Treatments to date include physical therapy without benefit; chiropractic treatments; stretching exercises; heating pad; medications: Vicodin, Norco, Soma. In the progress note, dated 8-11-15 the treating provider's plan of care included a request for chiropractic-massage therapy 12 visits. The request for authorization dated 8-6-15 indicated massage therapy twice per week for six weeks for the lumbar spine. On 8-24-15 utilization review evaluated and non-certified the request for massage therapy twice per week for six weeks to the lumbar spine based on the fact that therapy in this case was for multiple body parts and is not an adjunct to other treatments and guideline criteria was not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy 2x week x 6 weeks Lumbar Spine: 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: Chronic Pain Medical Treatment Guidelines Key case points are as follows. The claimant was injured in 2014 resulting in a low back injury. There was increased lower back pain. Treatments to date include physical therapy without benefit; chiropractic treatments; stretching exercises; heating pad; medications: Vicodin, Norco, Soma. The therapy was not an adjunct to other treatments. Regarding Massage therapy, the MTUS notes 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. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. It is not clear it is being proposed as an adjunct to other treatment, such as exercise. The guides also suggest a six session's limit. The request is appropriately not medically necessary.