

Case Number:	CM15-0040102		
Date Assigned:	03/10/2015	Date of Injury:	07/30/1998
Decision Date:	04/20/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/03/2015

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: 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 50 year old female, who sustained an industrial injury on 7/30/1998. Initial symptoms at the time of the injury have not been submitted for review. She was diagnosed as having fibromyalgia, facet arthropathy lumbar spine, physical deconditioning, low back pain, failed back syndrome, and status post lumbar fusion (8/2008). Treatment to date has also included physical therapy and medications. Per the Physical Therapy Progress notes dated 1/02/2015, the injured worker reported constant pain across the low back, especially on the left and burning pain down the left lower extremity to the knee or to the toes if she does not take Lyrica. Pain is currently rated as 6/10. Physical examination revealed a large body habitus, multi-directional pain, difficulty with any control of what are considered the core muscles supporting the trunk also signs of catastrophizing and fear-avoidance behavior. The plan of care included additional physical therapy followed by home exercise. Per the Progress Note dated 2/3/2015 she is noted to be "overall stable" and massage therapy is recommended. Authorization was requested on 1/12/2015 for massage therapy (1x6).

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy once a week for 6 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy.

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

Decision rationale: According to the 02/03/2015 report, this patient presents with a history of CA OJI stable in palliative phase who comes in today for follow-up of her care as required by OHSU for anyone using narcotics chronically. The current request is for Massage therapy once a week for 6 weeks to further decrease spasm to further decrease her T 3 use and 'diazepam use. The request for authorization and the patients work status are not included in the file for review. The UR denial letter states this is a notably chronic injury dating back to 1998. The medical treatment utilization schedule anticipates that this patient would have transitioned to an independent active home rehabilitation program by this time. The medical records and guidelines do not support passive treatment in the form of massage in this chronic timeframe more than 15 years after the initial injury. For massage therapy, the MTUS guideline page 60, recommended as an option as indicated below. 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. In this case, review of the medical file does not show any sessions of massage therapy or any discussions thereof. It is possible the patient has had massage therapy in the past with the documentation not provided. However, given that the review of the current reports make no reference to a recent course of therapy, a short course may be reasonable. Therefore, the request IS medically necessary.