

Case Number:	CM15-0067374		
Date Assigned:	04/15/2015	Date of Injury:	10/22/2014
Decision Date:	05/14/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/09/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 65 year old female who sustained an industrial injury on 10/22/2014. Current diagnoses include lumbar sprain, elbow contusions, cervical disc disease, lumbar degenerative disc disease, bilateral lower extremity contusions, and possible sacral fracture. Previous treatments included medication management, injection, physical therapy, acupuncture, and massage. Initial complaints occurred when she slipped and braised and sprained multiple areas. Report dated 03/26/2015 noted that the injured worker presented for follow up. Pain level was rated as 6 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included request for acupuncture and massage therapy, recommended additional physical therapy with pool therapy, and an MRI is being scheduled. Disputed treatments include 6 sessions of massage therapy for the lumbar spine, cervical spine, bilateral knees and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of massage therapy for the lumbar spine, cervical spine, bilateral knees and lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Massage Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, six sessions massage therapy to the lumbar spine, cervical spine, bilateral knees and lower extremities is not medically necessary. Massage is a passive intervention and considered an adjunct to other recommended treatment, especially active interventions (e.g. exercise). In the massage therapy should be limited to 4-6 visits in most cases. See the guidelines for details. Massage therapy 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. In this case, the injured worker's working diagnoses are lumbar sprain with contusion and ecchymosis; bilateral upper extremities/elbow contusions; cervical degenerative disc disease; lumbar degenerative disease; possible sacral fracture due to increasing pain standing, walking with twisting. The documentation, in an appeal letter dated April 9, 2015, shows the injured worker received 24 sessions of massage therapy and acupuncture. Massage therapy guidelines recommend 4-6 visits in most cases. Massage is a passive intervention and treatment dependence should be avoided. There are no compelling clinical facts in the medical record indicating additional massage therapy as clinically indicated. Consequently, absent compelling clinical documentation with compelling clinical facts in excess of the recommended guidelines (3-4 visits in most cases), six sessions massage therapy to the lumbar spine, cervical spine, bilateral knees and lower extremities is not medically necessary.