

Case Number:	CM15-0073486		
Date Assigned:	04/23/2015	Date of Injury:	12/19/2010
Decision Date:	05/20/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/17/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 62-year-old female, who sustained an industrial injury on 12/19/10. The injured worker has complaints of low back pain and lumbar pain. The diagnoses have included low back pain; disorders of sacrum; pain in joint, other specified sites; left hip pain and sciatica pain. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine and the left hip; X-rays of the knees; chiropractic visits and medications. The request was for 4 massage therapy sessions, lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Massage Therapy Sessions - Lumbar Spine: Upheld

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

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

Decision rationale: The claimant sustained a work injury in December 2010 and continues to be treated for low back pain radiating into the left lower extremity. When seen, pain was rated at

7/10. Physical examination findings included positive straight leg raising and positive Kemp's test. She was referred for a further evaluation. Massage therapy is recommended as an option. It should be an adjunct to other recommended treatments such as exercise. In this case, there is no adjunctive treatment being planned with further pain management treatment being considered. Therefore, this request was not medically necessary.