

Case Number:	CM15-0075888		
Date Assigned:	04/27/2015	Date of Injury:	02/16/1999
Decision Date:	06/11/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/21/2015

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: 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 57 year old male, who sustained an industrial injury on 2/16/1999. He reported low back pain. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, and thoracolumbar intervertebral disc degeneration. Treatment to date has included home exercises, medications, rest and massage chair. The request is for a massage chair replacement. On 7/17/2014, he was seen for flare up of low back pain. He rated his pain as 8/10. The exacerbation is from gardening. The treatment plan included: chiropractic treatment. On 1/12/2015, complained of a flare-up of low back pain. The exacerbation is from lifting groceries. He indicated that rest, home exercises and medications did not work. He rated his pain as 9/10. The treatment plan included: chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Chair, for Lumbar Spine, Replacement purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section/Dry Hydrotherapy.

Decision rationale: Per MTUS guidelines, the use of massage for the treatment of chronic pain 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 followup. 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. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. The strongest evidence for benefits of massage is for stress and anxiety reduction, although research for pain control and management of other symptoms, including pain, is promising. The physician should feel comfortable discussing massage therapy with patients and be able to refer patients to a qualified massage therapist as appropriate. Massage is an effective adjunct treatment to relieve acute postoperative pain in patients who had major surgery. Per ODG guidelines, dry hydrotherapy is not recommended. There is no published research that support claims that this treatment can take the place of multiple modalities or that this treatment has any long-term benefit. Dry hydrotherapy (also known as hydromassage, aquamassage, water massage) is a self-contained massage device including a table or chair, where the patient sits or lies back completely clothed on top of a water-proof barrier that contains interior jets, which rotate and pulsate while releasing streams of pressurized heated water along the body. The pressure of the water against the body provides the massage, intended to relieve pain, increase blood circulation, range of motion, combining the effects of hydrotherapy, massage therapy, acupuncture, thermotherapy, soft tissue manipulation, and trigger point therapy. There are no peer-reviewed published studies on dry hydrotherapy. The injured worker is being treated for a chronic condition, not an acute injury or recent exacerbation. Since massage therapy is meant to be a temporary treatment used for acute flare ups, medical necessity for a massage chair has not been established. The request for massage chair, for lumbar spine, replacement purchase is determined to not be medically necessary.