

Case Number:	CM15-0091215		
Date Assigned:	05/15/2015	Date of Injury:	04/02/2013
Decision Date:	06/16/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/12/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 46 year old male, who sustained an industrial injury on April 2, 2013. He reported lumbar spine pain. The injured worker was diagnosed as having left sided subarticular and foraminal stenosis status post lumbar transforaminal fusion. Treatment to date has included radiographic imaging, diagnostic studies, lumbar fusion, physical therapy, massage therapy, medications and work restrictions. Currently, the injured worker complains of lumbar spine pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. He reported decreased pain and increased function with massage therapy. He reported being able to work with reduced medication use while receiving massage therapy. Evaluation on April 10, 2015, revealed continued pain as noted. Massage therapy for the lumbar spine was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 massage therapy sessions for lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: According to MTUS guidelines, massage therapy "Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion". The patient, in this case, already completed 9 massage therapy sessions without evidence of significant functional improvement. In addition, the guidelines recommend massage therapy as an adjunct to other treatments. There is no indication that the patient is in physical therapy or prescribed home exercise program. Therefore, the request for 6 Massage therapy sessions for lumbar spine is not medically necessary.