

Case Number:	CM15-0094030		
Date Assigned:	05/20/2015	Date of Injury:	07/07/2005
Decision Date:	06/25/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/15/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53 year old male patient who sustained an industrial injury on 07/07/2005. The diagnoses included chronic pain/chronic headaches, dyspepsia and anxiety. The note dated 4/10/15 was not fully legible. Per the note dated 4/10/2015 he had been diligent in home therapy but there was more pain afterwards. The depression had greatly worsened. He finds it very difficult to get around with sleep deprivation and constant neck and back pain. The physical examination revealed - slight epigastric tenderness to palpation and depressive affect. The medications list includes escitalopram, tigan, losartan, metformin, tizanidine, valium, androus gel, atenolol, xanax, naproxen, nucynta, wellbutrin and omeprazole. The treatment plan included Inada Songno Massage Chair. Other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inada Songno Massage Chair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300.

Decision rationale: Inada Songno Massage Chair. Per the cited guidelines " Physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies,..."Therefore there is no high grade scientific evidence to support massage for low back symptoms. As the medical necessity of massage therapy itself is not established for this diagnosis, the medical necessity of DME that used for massage- Inada Songno Massage Chair is also not established for this patient. In addition, significant functional deficits that would require such kind of DME/service is not specified in the records provided. Response to previous conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. The Inada Songno Massage Chair is not medically necessary for this patient.