

Case Number:	CM15-0094982		
Date Assigned:	05/21/2015	Date of Injury:	04/08/2014
Decision Date:	07/01/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/18/2015

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: Physical Medicine & Rehabilitation, Pain Management, 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 44-year-old male, who sustained an industrial injury on 4/8/14. He reported low back and right elbow injury. The injured worker was diagnosed as having pain in joint of upper arm, thoracic or lumbosacral neuritis or radiculitis and sleep disturbance. Treatment to date has included oral medications including NSAIDS, topical medications, lumbar brace, functional restoration program and home exercise program. Currently, the injured worker complains of low back pain rated 10/10, described as aching with radiation to right arm, right elbow, right hand and right leg. He is currently temporarily totally disabled. Physical exam noted tenderness to palpation of paravertebral muscles with spasm and restricted range of motion and restricted range of motion of cervical spine with tenderness to palpation of paravertebral muscles and spinous process at C4, 5, 6 and 7. The treatment plan included 6 sessions of massage therapy and follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy 6 sessions for low back: Upheld

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

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

Decision rationale: MTUS 2009 states that massage is an option as long as it is included as part of a functional restoration program. The patient has already successfully completed a functional restoration program. There are no functional goals associated with the request for massage therapy. This request for massage therapy is not medically necessary since it is not included as part of a functional restorative program as MTUS 2009 maintains. Therefore, the requested treatment is not medically necessary.