

Case Number:	CM15-0099815		
Date Assigned:	06/02/2015	Date of Injury:	07/28/2009
Decision Date:	06/30/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/26/2015

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 52 year old male who sustained an industrial injury on 07/28/2009. Mechanism of injury was not present in documentation. Diagnoses include intervertebral disc disorder of lumbar region with myelopathy, degenerative disc disease of the lumbar spine, post laminectomy syndrome-lumbar, lumbar stenosis, lumbar spondylosis with myelopathy, unspecified musculoskeletal disorders and symptom referable to neck, and lumbar disc displacement. Treatment to date has included diagnostic studies, medications, physical therapy, transforaminal epidural injection under fluoroscopic guidance, spinal cord stimulator, status post lumbar surgery on 05/12/2011, back surgery with laminectomy and discectomy in May of 2010, removal of spinal implants posteriorly and exploration fusion on 06/22/2012. Magnetic Resonance imaging of the lumbar spine done 03/27/2014 revealed status post anterior and posterior fusion at L4-L5 and laminectomy, anterior and posterior fusion at the L5-S1 level, 3mm of diffuse broad-based disk bulging along with hypertrophic changes of the facet joints and ligamentum flavum redundancy of the L3-L4 level, causing mild to moderate bilateral lateral recess stenosis, left posterolateral osteophytic rigging/disk material (2-3mm) extending into the left neural foramen along with hypertrophic change to the facet joints at the L5-S1 level causing mild to moderate left neural foraminal stenosis. The central canal and right neural foramen are patent. A thoracic Magnetic Resonance Imaging done on 03/27/2014 showed no significant canal or neural foraminal stenosis. There was mild degenerative disk and facet joint disease. Medications include Soma, Clonidine, MS Contin, MSIR, Alprazolam, Phenobarbital, Methadone, and Or morph SR. A physician progress note dated 04/17/2015 documents the

injured worker is able to ambulate without a great deal of difficulty. Flexion and extension of the lumbar spine causes pain. Motor evaluation is 4-/5 limited by pain. Straight leg raise is positive in the supine and sitting position. The treatment plan was for MS Contin 30mg #120 and MSIR 15mg #120. Treatment requested is for massage therapy 6-10 visits (duration 3 months) for lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy 6-10 visits (duration 3 months) for lumbar spine: 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 therapy Page(s): 60.

Decision rationale: The claimant sustained a work injury in July 2009 and continues to be treated for radiating low back pain. Recent treatments including injections, medications, and a spinal cord stimulator is being considered. When seen, there was pain with spinal range of motion. There was decreased strength and positive straight leg raising. Massage therapy is recommended as an option. It should be an adjunct to other recommended treatments such as exercise. Guidelines recommend that it should be limited to 4-6 visits in most cases. In this case, the number of treatment sessions is in excess of guideline recommendations and there is no planned adjunctive treatment. The request is not medically necessary.