

Case Number:	CM13-0046059		
Date Assigned:	12/27/2013	Date of Injury:	10/02/2001
Decision Date:	02/25/2015	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/11/2013

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 patient is a 60 year old employee with date of injury of 10/2/01. Medical records indicate the patient is undergoing treatment for lumbar disc displacement and lumbosacral spondylosis without myelopathy. Subjective complaints include low back pain that radiates to the bilateral lower extremities. His pain level is a 5/10 and the pain is made worse with standing, sitting and walking. Objective findings include tenderness to palpation of bilateral gluteus muscles and two trigger points. Palpable cords are detected. Treatment has consisted of Soma, Testosterone cream, Xanax, Zoloft Norco, Neurontin, Robaxin. The patient received 50% relief from a prior transforminal selective nerve root block. The utilization review determination was rendered on 11/4/13 recommending non-certification of massage therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 massage therapy sessions between 10/10/13 and 12/16/13: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Massage Therapy, Manual Therapy

Decision rationale: MTUS states regarding massage therapy, recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. ODG offers additional frequency and timeline for massage therapy by recommending:a. Time to produce effect: 4 to 6 treatments.b. Frequency: 1 to 2 times per week for the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks.c. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life.The treating physician does not indicate that the patient was in physical therapy or complying with a home exercise program. Treatment guidelines for massage therapy recommend that treatment be limited to 4-6 visits and should be an adjunct to other treatments such as a home exercise program. As such, the request for 6 massage therapy sessions between 10/10/13 and 12/16/13 is not medically necessary.