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| Case Number: | CM13-0017243 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 06/09/2011 |
| Decision Date: | 05/15/2014 | UR Denial Date: | 08/22/2013 |
| Priority: | Standard | Application Received: | 08/27/2013 |

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

According to the records made available for review, this is a 52-year-old male with a 6/9/11 date of injury, and status post L4-5 laminectomy and discectomy 03. At the time (8/22/13) of request for authorization for massage therapy once (1) a week for six (6) weeks, there is documentation of subjective (chronic pain in the left side of the low back and pain in the groin region, numbness involving the front of the left thigh, pain rated 6/10) and objective (some decrease in range of motion of the lumbar spine secondary to pain, positive lumbar paraspinal muscle spasms) findings, current diagnoses (lumbar DDD), and treatment to date (chiropractic treatment, facet injections, PT, and medications). There is no documentation of objective functional deficits, functional goals, and that massage is to be used in conjunction with an exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

MASSAGE THERAPY ONCE (1) A WEEK FOR SIX (6) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation OFFICIAL DISABILITY DURATION GUIDELINES.

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), Low Back, Massage Therapy.

Decision rationale: MTUS identifies documentation that massage therapy is being used as an adjunct to other recommended treatment (e.g. exercise), as criteria necessary to support the medical necessity of massage therapy. ODG identifies documentation of objective functional deficits, functional goals and massage used in conjunction with an exercise program, as criteria necessary to support the medical necessity of massage therapy. In addition, ODG recommends a limited course of physical therapy for patients with a diagnosis of lumbago not to exceed 18 visits over 6-8 weeks. Within the medical information available for review, there is documentation of a diagnosis of lumbar DDD. However, despite documentation of some decrease in range of motion of the lumbar spine secondary to pain, and positive lumbar paraspinous muscle spasming, there is no documentation of objective functional deficits and functional goals. In addition, there is no documentation that massage is to be used in conjunction with an exercise program. Therefore, based on guidelines and a review of the evidence, the request for massage therapy once (1) a week for six (6) weeks is not medically necessary.