

Case Number:	CM14-0147460		
Date Assigned:	09/15/2014	Date of Injury:	10/02/2012
Decision Date:	10/20/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/10/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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:

The records presented for review indicate that this 29-year-old female was reportedly injured on October 2, 2012. The mechanism of injury is picking up a box of soap from a pallet. The most recent progress note, dated August 5, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated decreased lumbar spine range of motion and tenderness over the facet joints on the right greater than the left side. There was pain with facet joint loading and a negative straight leg raise test. Diagnostic imaging studies revealed lumbar spine spondylosis and facet arthropathy from L3 through S1. Previous treatment includes lumbar spine facet joint injections and physical therapy. A request had been made for massage therapy two times a week for six weeks for the lower back and was not certified in the pre-authorization process on August 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy 2 times per week for 6 weeks for the lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, scientific studies show contradictory results regarding massage therapy. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. Considering this, the request for massage therapy twice a week for six weeks for the lumbar spine is not medically necessary.