

Case Number:	CM14-0149204		
Date Assigned:	09/18/2014	Date of Injury:	02/20/1992
Decision Date:	10/22/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/15/2014

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 & Rehabilitation and is licensed to practice in Louisiana. 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 patient is a 70-year-old male who was injured on 02/20/1992. The mechanism of injury is unknown. Encounter note dated 08/05/2014 states the patient presented with complaints of back and hand pain. On exam, he had mid to lumbar tenderness diffusely and decreased flexion and extension due to pain. He is diagnosed with chronic pain due to trauma, peripheral neuropathy, and chronic low back pain. He has been recommended for 12 sessions of massage therapy as per RFA dated 08/15/2014. Prior utilization review dated 08/23/2014 states the request for 12 Massage Therapy Sessions is denied, as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Massage Therapy Sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Massage

Decision rationale: According to the Chronic Pain Medical Treatment Guideline, Massage is recommended as an option for select cases as an adjunct to strength and conditioning programs

for chronic pain. A trial of 6 visits over two weeks is recommended with evidence of objective functional improvement. In this case, there is a lack of supporting documentation to indicate the necessity of Massage Therapy including no documented functional improvement or any additional exercise programs recommended by the guidelines. Therefore, the request is not medically necessary.