

Case Number:	CM14-0055020		
Date Assigned:	07/07/2014	Date of Injury:	06/25/2009
Decision Date:	09/18/2015	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/24/2014

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. 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 58 year old female, who sustained an industrial injury on 6-25-09. The diagnoses have included right hip arthritis status post replacement, left hip arthritis post replacement, lumbar sprain with spondylolisthesis and sacroiliac sprain from antalgic gait. Treatment to date has included medications, activity modifications, and physical therapy. Currently, as per the physician progress note dated 3-13-14, the injured worker complains of increased pain with weight bearing. It is noted that she is discouraged with the overall slow course of authorizations and her motivation to get better. The current medications included Norco, Ambien and Flector patches. There is no previous diagnostics and no previous physical therapy sessions were noted. The objective findings-physical exam reveals blood pressure 122 over 84, pulse is 84, oxygen saturation is 98 percent, and temperature is 98.1. She is lying supine in the exam room due to increased pain with weight bearing. The injured worker reports that the pain is increased to 9 out of 10 on the pain scale with sitting, standing, walking and on a good day when she is off her feet she rates the pain 3 out of 10. She is concerned that she is not getting far with improvement. She has done pool exercise and found it to be helpful and physical therapy is also beneficial. The therapy brings the pain score from 9 out of 10 to 3 out of 10. The physician requested treatment included 12 additional massage therapies for the lumbar spine, 1-2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional massage therapy for the lumbar spine, 1-2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

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

Decision rationale: 12 additional massage therapies for the lumbar spine, 1-2 times a week for 6 weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that 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. Scientific studies show contradictory results and many studies lack long-term follow-up. The request for 12 more massage therapy visits is not medically necessary as this is a passive intervention and the MTUS recommends a 4-6 visit limit. There are no extenuating factors that necessitate 12 more massage therapy visits therefore this request is not medically necessary.