

MATUTECH, INC.

**PO Box 310069
New Braunfels, TX 78131
Phone: 800-929-9078
Fax: 800-570-9544**

DATE OF REVIEW: APRIL 20, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Massage therapy (97124) for left leg 2 times per week for 3 weeks.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

The physician providing this review is a physician, doctor of medicine. The reviewer is national board certified in physical medicine and rehabilitation. The reviewer is a member of American Academy of Physical Medicine and Rehabilitation. The reviewer has been in active practice for twenty-three years.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Overturned (Disagree)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Employers:

- Office note (01/09/07)
- Utilization reviews (03/06/07 – 03/30/07)

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a male who had a history of L3 ASIA C/D spinal cord injury secondary to a work related accident.

In January 2007, M.D., evaluated the patient and noted neuropathic pain from back going down the left lower extremity. The patient had bladder problems and was catheterizing every three hours with daily irrigation of bladder. For bowel problems, he used suppository and digital stimulation. His medications were Sur-Q-Lax, Lidoderm patch, gabapentin, Keppra, tramadol, Norvasc, and Nexium. Dr. refilled medications and wrote a prescription for massage therapy for the left leg two times a week for three weeks.

In utilization review, M.D., mentioned that the patient had a history of spinal surgery in 1998. He denied the massage therapy as no current medical documentation was furnished for the review.

In an appeal for reconsideration, Dr. stated that such type of neuropathic pain was not unusual for cauda equina injuries. The patient was helped by medications but that did not resolve his pain completely and had found that massage therapy provided him further relief.

M.D., denied the request by stating that there was lack of evidence to support massage therapy alone for chronic low back pain with or without leg pain.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

It is well known that massage therapy can be of benefit in a variety of conditions including quadriplegia, paraplegia and cauda equina syndrome reducing pain, contractures and edema. Based on the information and past response to this technique, it is the reviewer's opinion that this is a reasonable modality for the condition reported.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION): BRADDOM, MASSAGE THERAPY CHAPTER 21, PAGE 444.**