

Case Number:	CM13-0015201		
Date Assigned:	06/06/2014	Date of Injury:	07/15/2010
Decision Date:	07/11/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/22/2013

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 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 injured worker is a 57-year-old man who sustained a work-related injury on July 15, 2010. The mechanism of injury regarding this work-related event is not stated. The medical record contains multiple follow-up appointments. One visit dated December 4, 2013, stated that the injured worker had an initial evaluation for massage therapy but has not yet started his sessions. It also states that the injured worker continues to see a doctor on a biweekly basis regarding post-traumatic stress disorder (PTSD). A utilization review dated August 19, 2013 partially recommended to continue psychotherapy and did not recommended massage therapy treatments to the neck and shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED PSYCHOTHERAPY QTY:12.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101.

Decision rationale: The Chronic Pain Medical Treatment Guidelines does recommend psychological treatment for specific patients in conjunction for treatment for chronic pain.

However, there is no mention in the medical record regarding the justification or prior efficacy of the injured workers post-traumatic stress disorder (PTSD) visits. It is additionally unclear if the existing visits for PTSD are the same visits as the existing psychotherapy. Without specific clarification of the need for psychotherapy and the efficacy of the treatment rendered thus far, this request for additional psychotherapy is not medically necessary.

MESSAGE THERAPY TREATMENTS TO THE NECK AND SHOULDERS QTY:6.00:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: While the Chronic Pain Medical Treatment Guidelines recommend massage therapy as an optional treatment for certain conditions such as chronic pain, stress reduction, anxiety, and postoperative conditions. It is unclear from the attached medical record why a specific request for massage therapy was made. Without additional information justifying this patient's need for massage therapy as relating to his particular diagnosis, this request for massage therapy is not medically necessary.