

Case Number:	CM13-0025935		
Date Assigned:	12/18/2013	Date of Injury:	04/09/2009
Decision Date:	02/13/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Oklahoma and Texas. 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 physician 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 31-year-old female who sustained a work-related injury on 04/09/2009. An Magnetic Resonance Imaging (MRI) of the cervical spine revealed early degenerative changes and straightening of the normal cervical lordosis, which may be secondary to patient positioning versus muscle spasm. Subjectively, the patient reported complaints of right wrist and neck pain. Objectively, the patient had a pain rating of 4/10, tenderness to palpation, full active and passive range of motion of the wrist, decreased grip strength, a positive Phalen's test, decreased sensation, and limited active range of motion of the neck. The patient's diagnoses included wrist pain and neck pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage treatment times four sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183, Chronic Pain Treatment Guidelines Massage therapy Page(s): 30.

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) guidelines indicate that massage treatment "should be an adjunct to other recommended treatment (e.g. exercise) and should be limited to 4-6 visits in most cases massage is a passive intervention and treatment dependence should be avoided as there is lack of long-term benefits". The clinical information provided indicates the patient was recommended physical therapy, but there is lack of documentation that the patient is actively participating in an exercise program to support the use of massage as an adjunct treatment. As such, the request for massage treatment times four sessions is non-certified.

Electromyogram and nerve conduction studies of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183, Chronic Pain Treatment Guidelines Massage therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM) guidelines state that "Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks". The clinical information provided lacks documentation that the patient has attempted and failed all lower levels of conservative care prior to the requested procedure. The clinical documentation does, however, indicate that the patient was referred to physical therapy, but there is lack of documentation of the patient's overall outcome with therapy. Given the lack of documentation, the request is not supported. As such, the request for electromyogram and nerve conduction studies of bilateral upper extremities is non-certified.

Referral to psychologist for evaluation of depression and anxiety times eight sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183, 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: California Medical Treatment Utilization Schedule (MTUS) guidelines state that "Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Psychosocial evaluations should determine if further psychosocial interventions are indicated." Given that the patient has undergone a psychological evaluation, the request for referral to a psychologist for evaluation of depression and anxiety times eight sessions is not supported, as only one evaluation is needed to determine further treatment requirements.

Therefore, the request for referral to psychologist for evaluation of depression and anxiety times eight sessions is non-certified.