

Case Number:	CM13-0049302		
Date Assigned:	12/27/2013	Date of Injury:	05/17/2012
Decision Date:	04/22/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/07/2013

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 Occupational Medicine, and is licensed to practice in New York and North Carolina. 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 30-year-old man who claims he was injured June 17, 2012, while working as a meat clerk. He claims injury from being on his feet continuously, bending, twisting, pushing, pulling, reaching, kneeling, squatting and lifting. He would break down loads containing meat in boxes weighing up to 100 pounds. He is diagnosed with HNP (herniated nucleus pulposa) of the lumbar spine with bialteral L4-5 radiculopathy. Neurontin improved radicular symptoms but he continued to have low back pain. He has crying episodes, irritability, and sleep loss, which may be due to depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

MASSAGE THERAPY THREE TIMES A WEEK FOR FOUR WEEKS: 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: On appeal to the denial for massage therapy, the primary treating physician states that he has benefited in the past from massage therapy sessions for relief of his pain. There is no plan for a complimentary physical exercise plan to improve function, as required in

the guidelines. There is no information about the improvement he had from prior massage therapy in any quantifiable format. Furthermore, only four to six visits should be authorized at this time, as recommended in the chronic pain treatment guidelines. The request for massage therapy, three times per week for four weeks, is not medically necessary or appropriate.

REFERRAL TO PSYCHOLOGY: Overturned

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 Page(s): 100-101.

Decision rationale: There is mention of crying episodes, irritability and sleep loss in the discussion portion of the October 1, 2013 note where psychologist/psychiatrist recommendation was made. A prior mention of possible depression was noted February 7, 2013 related to him being terminated. On initial visit with the current primary treating physician, dated December 5, 2012, he notes that the patient complains of depression and anxiety, hypersomnolence, increased appetite, overwhelming feelings of hopelessness and helplessness regarding his condition. At least one reference is made to a psychologist referral being approved, but there is no evidence that referral was completed. The patient's condition needs to be explored, and some assessment made to work-relatedness after a diagnosis is made, in accordance with treatment guidelines. The request for a referral to psychologist is medically necessary and appropriate.