MAXIMUS Federal Services

Case Number:	CM13-0063818		
Date Assigned:	12/30/2013	Date of Injury:	07/04/2006
Decision Date:	05/20/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/10/2013

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 California. 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 applicant is a represented [redacted] employee who has filed a claim for chronic neck, shoulder, and upper back pain reportedly associated with an industrial injury of July 4, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; earlier cervical spine surgery on July 17, 2013; psychotropic medications; including BuSpar, Valium, and Celexa; and unspecified amounts of massage therapy over the life of the claim. In a Utilization Review Report of November 13, 2013, the claims administrator denied a request for massage therapy, approved a request for Duragesic, approved request for Percocet, approved request for laboratory testing, and denied a sleep study. The applicant's attorney subsequently appealed. An earlier note of note of November 11, 2013 was notable for comments that the applicant was on a variety of psychotropic medications, including BuSpar, Celexa, Saphris, and Valium. The applicant was asked to "remain off of work indefinitely." In an earlier note of September 5, 2013, the applicant's primary treating provider noted that the applicant was not working. The applicant was on Duragesic plus eight Percocet a day. She is having issues with depression and spending several days in bed. The applicant was again placed off of work and asked to obtain local massage therapy/myofascial release therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

SLEEP STUDY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (updated 10/14/2013), Polysomnography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Sleep Medicine (AASM), Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults

Decision rationale: The MTUS does not address the topic. As noted by the American Academy of Sleep Medicine, polysomnography (AKA sleep study) is not indicated in the routine evaluation of insomnia, including insomnia due to neuropsychiatric or psychiatric disorders. In this case, the applicant has a variety of mental health issues, including anxiety, depression, and mood disorder. The applicant is using three to four different psychotropic medications. The applicant's allegation of insomnia, in all likelihood, is a function of her underlying psychopathology and/or chronic pain issues, which is not, per AASM, an indication for a sleep study. Therefore, the request is not medically necessary here.

MASSAGE THERAPY BIW X 6 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 topic, Physical Medicine topic Page(s): 60, 98-99.

Decision rationale: The 12-session course of massage therapy, in and of itself, represents treatment in excess of the four- to six-session course recommended on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines. Furthermore, both page 60 and pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines emphasize the importance of active therapy and active modalities during the chronic pain phase of an injury. Massage, passive modality should be considered an adjunct to other recommended treatment such as exercise. In this case, however, there is no indication or evidence that the attending provider intends to employ massage therapy as an adjunct treatment, as it is intended. It is further noted that the 12-session course of treatment is in excess of MTUS parameters. For all of the stated reasons, then, the request is not medically necessary.