MAXIMUS Federal Services

Case Number:	CM14-0011331		
Date Assigned:	02/21/2014	Date of Injury:	04/05/2013
Decision Date:	07/21/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/28/2014

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 patient is a 60-year-old female who has submitted a claim for cervical and lumbar spondylosis associated with an industrial injury date of 011/04/2013.Medical records from 10/29/2013 to 02/11/2014 were reviewed and showed that patient complained of persistent, chronic lower back and neck pain (grade not specified) which was aggravated with prolonged sitting. Physical examination revealed absence of edema. There was tenderness upon palpation with taut bands over the levator scapulae. Tenderness was noted over the iliolumbar area with palpation, trunk flexion and extension. DTRs were intact. There was no sensory deficit noted. SLR tests were negative. Cervical MRI revealed C4-C5 AND C5-C6 neuroforaminal narrowing and C3-C4 subluxation. Lumbar MRI revealed L3-L4 central stenosis with mild bilateral foramina stenosis, L4-L5 central stenosis with bilateral foraminal stenosis, L4-L5 grade 1 spondylolisthesis, and lumbar scoliosis.Treatment to date has 26 completed sessions of physical therapy, home exercise program, and analgesic medications.Utilization review, dated 01/10/2014, denied the request for sixteen visits of physical therapy with 11 wave at two times a week for eight weeks for soft tissue inflammation because the patient has already had 24 to 30 sessions of physical therapy in excess of 9 to 10 session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines. However, 2 additional sessions of physical therapy sessions was deemed medically necessary to help the patient transition toward an independently performed home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY WITH 11 WAVE FOR SOFT TISSUE INFLAMMATION 2X8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99-127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In this case, objective findings did not reveal neurologic deficits or exceptional factors to warrant additional physical therapy visits. The patient has already completed 26 visits of physical therapy and is expected to independently continue HEP. HEP has been proven to yield better long-term outcomes than passive modalities. Therefore, the request for ADDITIONAL PHYSICAL THERAPY (PT) TWO (2) TIMES A WEEK FOR EIGHT (8) WEEKS WITH 11 WAVE FOR SOFT TISSUE INFLAMMATION is not medically necessary.

MASSAGE THERAPY 2X8 FOR LUMBAR AND NECK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60-127.

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

Decision rationale: According to page 60 of the CA MTUS Chronic Pain Medical Treatment Guidelines, massage therapy should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. In this case, the patient has already completed 26 visits of physical therapy. Therefore, he can continue with an independent home exercise program, an active type of therapy. Active therapies yield significantly better clinical outcome than passive therapies such as massage. Therefore, the request for MASSAGE THERAPY TWO (2) TIMES A WEEK FOR EIGHT (8) WEEKS FOR THE NECK AND LUMBAR is not medically necessary.