

Case Number:	CM14-0139804		
Date Assigned:	09/08/2014	Date of Injury:	02/02/2013
Decision Date:	10/14/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/28/2014

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 Family 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 injured worker is a 50 year old female who sustained an injury to her neck on 02/02/13 when she was head butted by an arrestee on the side of her left eye and forehead, smashing the back of her head into the ceiling of a vehicle. The progress report dated 07/22/14 reported that the injured worker was declared permanent and stationary as of 05/12/14. The injured worker continued to complain of occipital tendonitis/neuritis, left greater than right, currently associated with right occipital headaches. The injured worker also continued to have pain in the neck with movement. Stiffness continued to wax and wane. The injured worker was unable to stretch her right shoulder as far as the back. It was noted that the injured worker continued to exercise. Physical examination noted range of motion in flexion 40 degrees, extension 50 degrees, lateral bending 35 degrees, and rotation 70 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy/massage 1x6; cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Physical therapy (PT)

Decision rationale: The basis for denial of the previous request was not provided for review. The injured worker is over 20 months post date of injury and there was no indication as to how much physical/massage therapy visits the injured worker has completed to date or the injured worker's response to any previous conservative treatment. The CAMTUS states that massage therapy may be recommended as an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long term follow up. Massage is beneficial in attenuating diffused musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. The 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. Given this, the request for physical therapy/massage 1 x a week x 6 weeks for the cervical spine is not indicated as medically necessary.

Consultation with Neurologist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The basis for the previous denial was not provided for review. The Official Disability Guidelines state that the need for a clinical office visit with a health care provider is individualized based upon the injured worker's concerns, signs, and symptoms, clinical stability, and reasonable physician judgment. There was no rationale as to why the injured worker needs a consultation with a neurologist. Given this, the request for a consultation with a neurologist is not indicated as medically necessary.