MAXIMUS Federal Services

Case Number:	CM14-0157530		
Date Assigned:	09/30/2014	Date of Injury:	10/29/1997
Decision Date:	12/12/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/25/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 73-year-old female with a date of injury of 10/29/1997. The listed diagnoses per [redacted] are: 1. Sacroiliitis, bilateral, 2. Fibromyalgia, 3. Headache, 4. Insomnia, 5. Depression disorder, 6. Osteopenia, 7. Ataxia, 8. Therapeutic drug monitor. 9. Obstructive sleep apnea. According to progress report 08/19/2014, the patient presents with myofascial pain syndrome and continued headaches. The patient rates her pain 6/10-7/10. The patient reports slight impaired sight, headaches, and occasional dizziness. The patient is currently taking medications, and the treater recommends physical therapy. The patient remains permanently disabled. This is a request for massage therapy 3 x 4, hot/cold packs, and exercises 3 x 4 for the lower back. Utilization review denied the request on 08/26/2014. Treatment reports from 07/23/2014 and 09/10/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage 3x 4 for the low back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Massage

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

Decision rationale: This patient presents with low back pain with intermittent spasms and complaints of headaches. This is a request for "massage 3 x 4 for low back." The MTUS guideline under its chronic pain section has the following regarding massage therapy: "Recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise) and it should be limited to 4-6 visits in most cases." Review of the medical file does not indicate the patient has had prior massage therapy treatments. A trial of 6 visits over 2 weeks would be indicated for patient's continued pain. The treater's request for 12 sessions exceeds what is recommended by MTUS. Recommendation is for denial.

Hot/cold packs 3 x 4 for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

Decision rationale: This patient presents with chronic low back pain with intermittent spasms and complaints of headaches. This is a request for "hot/cold packs 3 x 4 for low back." Utilization review denied the request stating that guidelines "do not support a specific device for hot/cold application." In reference to cold/heat packs, the ACOEM, chapter 8, Neck and Upper Back, pages 173-174 states: There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living. Recommendation is for denial.

Exercises 3 x 4 for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: This patient presents with chronic low back pain with intermittent spasms and complaints of headaches. This is a request for "exercises 3 x 4 for the lower back." The patient's injury is over 13 years old, and it is unclear how many physical therapy sessions the patient has received thus far. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis-type symptoms 9 to 10 sessions over 8 weeks. The treater's request for 12 sessions exceeds what is recommended by MTUS. Recommendation is for denial.