MAXIMUS Federal Services

Case Number:	CM14-0022613		
Date Assigned:	06/11/2014	Date of Injury:	10/13/2012
Decision Date:	08/05/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/24/2014

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 & Rehabilitation and is licensed to practice in Texas. 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 52-year-old male who reported an injury on 10/13/2012. The mechanism of injury was noted to be carrying an injured person out of a fire. His former treatment is noted to be an MRI of the cervical spine on 08/21/2013 and treatment of cervical decompression therapy. The injured worker noted that the decompression therapy relieved his pain. The injured worker had a physical examination on 04/01/2014; this is the most recent clinical evaluation submitted with the documentation for review. At the time, the injured worker complained of pain radiating from his neck to posterior head and pain with flexion and extension of his neck. He reported no focal neurological deficits. He was able to flex and extend to approximately 45 degrees prior to discomfort and could rotate approximately 30 degrees prior to discomfort. Muscle testing was 5/5 bilaterally to the upper extremities, no radicular pain, reflexes were 2+ and symmetric. The injured worker had no sensory changes. Current medications are noted to be allopurinol, aspirin, Flexeril, lisinopril, and simvastatin. The injured worker's diagnoses were noted to be neck pain with MRI scan evidence of a moderate disc space narrowing, desiccation of disc material, and mild broad-based disc bulge at C6 through C7. The physical examination continues to note, in regard to the injured worker's cervical spine, it is medically probable that the injured worker has reached Maximum Medical Improvement. The treatment plan is for additional sessions of cervical decompression, sessions of massage therapy for symptom management, an MRI of the cervical spine, and discussion of epidural steroid injections. The Request for Authorization for Medical Treatment was not submitted with the documentation for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 SESSIONS OF CERVICAL DECOMPRESSION THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Decompression-Traction.

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, Decompression-Traction.

Decision rationale: The request for 20 sessions of cervical decompression therapy is not medically necessary. CA MTUS/ACOEM states there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. The Official Disability Guidelines do not recommend institutionally based powered traction devices. Several studies have demonstrated that home cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe (Grade 3) cervical spinal syndromes with radiculopathy. The injured worker reported no radicular pain, no decreased sensory or muscular strength. There is no indication of radicular symptoms. Therefore, the documentation fails to support the criteria for traction. As such, the request for 20 sessions of cervical decompression therapy is not medically necessary.

8 SESSIONS OF MASSAGE THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MASSAGE THERAPY Page(s): 60.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 173-174,Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

Decision rationale: The request for 8 sessions of massage therapy is not medically necessary. The American College of Occupational and Environmental Medicine does not recommend massage for acute cervical and thoracic spine disorders. It continues to state that there is no high grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as massage. In addition, CA MTUS Guidelines state massage therapy is recommended as an option and should be an adjunct to other recommended treatment such as exercise and should be limited to 4-6 visits. In the most recent clinical evaluation submitted with this review dated 04/01/2014, it is not noted that the injured worker is in an exercise program. Also, the requested number of sessions exceeds guideline recommendations. Therefore, based on the American College of Occupational and Environmental Medicine and the Official Disability Guidelines, the request for 8 sessions of massage therapy is not medically necessary.

UPDATED MRI(MAGNETIC RESONANCE IMAGE) OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for an updated MRI of the cervical spine is not medically necessary. The American College of Occupational and Environmental Medicine does not recommend an MRI for acute regional neck pain. The guidelines, however, do recommend an MRI for red flag conditions such as fracture, neurological deficit associated with acute trauma, tumor, or infection. An MRI is also recommended under the guidelines to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. The most recent clinical evaluation submitted with this review was dated 04/01/2014. The evaluation did not note the injured worker to have any red flags that would indicate an MRI according to the criteria set forth by the guidelines. Therefore, the request for updated MRI of the cervical spine is not medically necessary.

REFERRAL TO PAIN MANAGEMENT TO DISCUSS ABOUT A CERVICAL EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The request for referral to pain management to discuss about a epidural steroid injection is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines indicate consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. In addition, there is no significant symptom noted in the most recent clinical evaluation of decreased muscle strength or a negative Spurling's test which may indicate need for an epidural steroid injection. As such, the request for referral to pain management to discuss about a cervical epidural steroid injection is not medically necessary.