MAXIMUS Federal Services

Case Number:	CM14-0022946		
Date Assigned:	05/12/2014	Date of Injury:	08/09/1999
Decision Date:	07/10/2014	UR Denial Date:	02/03/2014
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 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 low back pain reportedly associated with an industrial injury of August 9, 1999.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of physical therapy over the life of the claim; earlier lumbar microdiskectomy at L5-S1; and transfer of care to and from various providers in various specialties.In a February 3, 2014 Utilization Review Report, the claims administrator denied a request for four sessions of massage therapy and a neurosurgical consultation. The claims administrator cited non-MTUS ODG Guidelines in its decision to deny the neurosurgical consultation, despite the fact that the MTUS in fact addressed the topic. The claims administrator erroneously stated that the MTUS did not address the topic.The applicant's attorney subsequently appealed.An April 14, 2014 consultation was notable for comments that the applicant was reporting ongoing complaints of low back pain status post earlier lumbar microdiskectomy at L5-S1. It was stated that the applicant had had massage therapy for years and also had chiropractic manipulative therapy for years. It was stated that the applicant's work status was unavailable. Physical therapy, electrodiagnostic testing, and Neurontin were sought. The applicant was asked to follow up in six weeks.An earlier lumbar MRI of January 16, 2014 was notable for residuals of the earlier L5-S1 hemi laminectomy with associated severe disk height loss and moderate-to-severe spinal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 MASSAGE THERAPY VISITS (LUMBAR): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy, Physical Medicine Page(s): 60, 98-99.

Decision rationale: As noted on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines, massage therapy is recommended only as an adjunct to otherwise recommended therapy and should generally be limited to four to six visits in most cases. In this case, the applicant has had treatment in excess of these amounts, the attending provider has acknowledged. As further noted on page 98 and 99 of MTUS Chronic Pain Medical Treatment Guidelines, the emphasis should appropriately be on active therapy and active modalities at this late stage in the claim. Therefore, the request is not medically necessary.

NEUROSURGICAL CONSULTATION: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 305.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 305, referral for surgical consultation is indicated for applicants who have severe and disabling radicular complaints with associated activity limitations and clear clinical and/or radiographic evidence of a lesion amenable to surgical correction. In this case, the applicant does have severe disk collapse and spinal stenosis at L5-S1 despite an earlier spine surgery at that level. Repeat surgery may be indicated. Pursuit of a neurosurgical consultation as a prerequisite to pursuit of the same was/is indicated. Therefore, the request is medically necessary.