

Case Number:	CM14-0026124		
Date Assigned:	06/13/2014	Date of Injury:	08/28/2009
Decision Date:	07/21/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/28/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 70-year-old male who reported an injury on 08/28/2009. The mechanism of injury was not provided for review. Within the clinical note dated 01/23/2014, it reported the injured worker complained of low back pain, left shoulder pain, and neck pain. The injured worker was referred to a neurologist, psychiatrist psychologist, and chiropractor. He presented with depressive symptoms and social anxiety. The injured worker reported neck pain decreased from 5/10 to 6/10, to 1/10 to 2/10. Prior conservative treatments included chiropractic sessions and cervical pillow. Upon the physical exam of the left shoulder, the provider noted pain with palpation elicited in the superior and medial trapezius and laterally. The provider noted spasms to bilateral trapezius muscles and upper back. The injured worker presented with severe spasms of the left trapezius, with tenderness to palpation. The provider indicated the injured worker to have decreased range of motion to the neck on right rotation, but was very much improved. Upon examination of the right shoulder, the provider noted full range of motion throughout in all planes. Upon examination of the lumbar spine, the provider indicated there was pain with palpation over the left lumbar paraspinal muscle, left gluteal region, and left sciatic area and lumbar left paraspinal muscle, and left sciatic area spasm felt. The provider requested myofascial treatments to treat the injured worker's neck pain and spasms and decreased range of motion, and sertraline HCL. The Request for Authorization was provided and submitted on 01/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

SERTRALINE HCL 50MG #30 WITH 3 REFILLS: 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), Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13.

Decision rationale: The request for sertraline hcl 50mg #30 with 3 refills is non-certified. The injured worker complained of low back pain, left shoulder pain, and neck pain. The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. There is lack of objective findings indicating the injured worker is diagnosed with neuropathic pain or to have signs and symptoms. The requested submitted failed to provide the frequency of the medication. Therefore, the request for sertraline hcl 50mg #30 with 3 refills is non-certified.

6 MYOFASCIAL TREATMENT MASSAGES: Upheld

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

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

Decision rationale: The request for 6 myofascial treatment massages is non-certified. The injured worker complained of low back pain, left shoulder pain, and neck pain. He rated his pain 1/10 to 2/10. The injured worker reported his range of motion had been improved. California MTUS Guidelines recommend massage therapy as an option. This treatment should be an adjunct to other recommended treatments such as exercise, and it should be limited to 4 weeks to 6 weeks in most cases. Scientific studies show contradictory results. Furthermore, more studies lack long term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long term benefit could be due to the short term treatment period where treatments such as these do not address the underlying cause of pain. Massage is an effective adjunct treatment to relative acute postoperative pain in patients who had major surgery, according to the results of a randomized controlled trial recently published in the Archives of Surgery. The medical necessity for massage therapy was not established. There was a lack of documentation indicating the provider requested myofascial treatment massage in adjunct with other recommended treatments such as exercise. Therefore, the request for 6 myofascial treatment massages is non-certified.