MAXIMUS Federal Services

Case Number:	CM14-0071450		
Date Assigned:	07/16/2014	Date of Injury:	09/28/2013
Decision Date:	09/17/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/16/2014

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 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 underlying date of injury in this case is 09/28/2013. Treating diagnoses include discogenic thoracic disease, discogenic lumbar condition of abdominal pain, and elements of depression, stress, and insomnia. On 03/13/2014, the treating physician evaluated the patient regarding ongoing symptoms of back pain as well as associated symptoms of depression, sexual dysfunction, and loss of concentration. The patient had stopped engaging herself in multiple activities. The treating physician recommended an MRI of the abdomen to rule out an abdominal hernia as well as MRI and electrodiagnostic studies and also hot and cold wrap for inflammation and also medications Tramadol, Naproxen, Protonix, Flexeril, Terocin patches, and LidoPro lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy to the Thoracic, Lumbar x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

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

Decision rationale: The Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines section on massage therapy states that massage should be an adjunct of the recommended treatment and should be limited to 4-6 visits in most cases since this is a chronic form of intervention. The medical records do not provide an alternate rationale for this treatment in the current chronic setting. This request is not medically necessary.

Hot/Cold Wrap: 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), The Continuous-flow cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale: ACOEM Guidelines, Chapter 3 Treatment, page 48, recommends the use of thermal modalities during the acute to subacute phases of an injury for a period of 2 weeks or less. The guidelines do not support this treatment on a chronic basis. The records do not provide alternate rationale for chronic use of this treatment. This request is not medically necessary.

Psych Evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on psychological evaluations Page(s): 100.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on psychological evaluations, page 100, states that psychological evaluations are generally accepted, well-established diagnostic procedures for use in chronic pain populations. A prior physician review states that this request was noncertified since this is a non-compensable condition. Compensability is not subject to utilization review. From a clinical utilization review perspective, the medical records outline numerous mental health symptoms including suspected depression with lack of interest in multiple activities and for which reason a mental health evaluation would be supported by the treatment guidelines. This request is medically necessary.