

Case Number:	CM14-0076177		
Date Assigned:	07/16/2014	Date of Injury:	11/02/2000
Decision Date:	08/14/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/22/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 45 year old male whose date of injury is 11/02/2000. The mechanism of injury is not provided. Progress report dated 01/18/14 indicates that the patient is seen having been seen last on 09/08/08. He complains of increasing pain in the neck, mid back, low back, right shoulder, both elbows and both wrists. He rates the severity of his pain 8/10, except low back 7/10, without medications or therapy. He also reports symptoms of stress, anxiety and depression as well as difficulty falling and staying asleep. the injured worker was seen on 05/05/14 for orthopedic re-evaluation and treatment. He complains of pain in both shoulders and upper extremities as well as pain in his low back. He feels this is an exacerbation of his upper extremity and low back injury. He denies any neck pain at this time. He rates the severity of his shoulder/upper extremity pain as 5-6/10, and low back pain as 6-7/10. The injured worker's pain is reduced to 3 overall with medication only. Physical examination reported no tenderness to palpation of the cervical spine; range of motion is full. Examination of the bilateral shoulders and upper extremities reveals tenderness to palpation over the anterior and posterior aspects of the shoulders; range of motion is full; Neer's test is negative. Lumbar spine examination reveals tenderness to palpation and muscular spasms over the paraspinal musculature; decreased range of motion particularly with flexion and extension; Kemp's test is positive bilaterally; straight leg raise test is positive. The injured worker is noted to be in the chronic phase of treatment. He has reached maximum medical improvement but continues to have pain. The injured worker was prescribed medications to include tramadol, naproxen, cyclobenzaprine and Menthoderm gel. Deep tissue massage of the lumbar paraspinal musculature also was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deep tissue massage for lumbar spine X4 visits: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule reflects that massage therapy may be recommended as an option when used as an adjunct to other active treatment such as exercise or program of functional rehabilitation. Scientific studies show contradictory results. There has been a gap in this injured worker's treatment from 2008 until 01/18/14. There is no comprehensive history of the nature and extent of treatment completed to date for this injury including any previous massage therapy. There is no indication that the injured worker has had any active treatment since returning to clinic in 2014. Based on the clinical information provided, medical necessity is not established for deep tissue massage for lumbar spine times four visits.

Menthoderm gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The records do not demonstrate that the injured worker has failed to respond to an initial trial of antidepressants and anticonvulsants. As such, the request for Mentoderm gel is not recommended as medically necessary.