MAXIMUS Federal Services

Case Number:	CM14-0079791		
Date Assigned:	07/18/2014	Date of Injury:	09/20/2007
Decision Date:	08/28/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/30/2014

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 Psychiatry 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:

Injured worker is a 44 year old female with date of injury 9/20/2007. Date of the UR decision was 5/20/2014. Mechanism of injury was a fall backwards off the engine that resulted in injuries to her head and coccyx while working as a firefighter. Report dated 7/23/2014 suggested that she had been using TNS and Lidoderm patches daily. Flexeril and Tramadol were making her too sedated thus she had not been taking those regularly. Her pain level was reported to be 7/10 per that evaluation. Psychiatric review of systems was listed as negative. Psychological progress report dated 2/26/2014 indicated that she was still experiencing anxiety symptoms. Objective findings included anxiety level as increased. Pain in spine and headaches were reported to be improved due to biofeedback. She was given the diagnosis of Mood disorder, Post-Traumatic Stress Disorder and Cognitive disorder. The treatment plan included continuation of Cognitive Behavior Therapy and it was stated that she continued to have improvement from EMDR and Biofeedback.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eye Movement Desensitazation and reprocessing (EMDR) Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Page(s): 100-127. Decision based on Non-MTUS Citation Official Disability Guidelines-Psychotherapy for affective disorders.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental and Stress, Eye movement desensitization and reprocessing (EMDR), and on Other Medical Treatment Guideline or Medical Evidence: Eye movement desensitization and reprocessing (

Decision rationale: Upon review of the submitted documentation, it is evident that she had been receiving Cognitive Behavior Therapy as well as has received EMDR sessions before. There is no clear documentation regarding the number of sessions received so far or any evidence of objective functional improvement. Mechanism of action of Eye Movement Desensitization and Reprocessing remains unclear and controversial. The request for Eye Movement Desensitization and Reprocessing (EMDR) unspecified number of visits is not medically necessary at this time based on the above rationale.

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 Chronic Pain Treatment Guidelines Massage therapy Page(s): 60 of 127.

Decision rationale: Massage therapy: Recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term followup. 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 benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. (Hasson, 2004) A very small pilot study showed that massage can be at least as effective as standard medical care in chronic pain syndromes. Relative changes are equal, but tend to last longer and to generalize more into psychologic domains. (Walach 2003) The strongest evidence for benefits of massage is for stress and anxiety reduction, although research for pain control and management of other symptoms, including pain, is promising. The physician should feel comfortable discussing massage therapy with patients and be able to refer patients to a qualified massage therapist as appropriate. (Corbin 2005) Massage is an effective adjunct treatment to relieve 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. (Mitchinson, 2007)The injured worker has been receiving Massage Therapy per the submitted documentation. There is no information regarding how many sessions have been completed, or how it is effective for diagnosis of PTSD, Mood disorder or Cognitive disorder. The request for additional Massage therapy is not medically necessary.