

Case Number:	CM14-0086171		
Date Assigned:	07/23/2014	Date of Injury:	12/20/2005
Decision Date:	09/12/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/09/2014

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 30-year-old male who reported an injury on 12/20/2005 due to slipping and falling while assisting a customer. The injured worker had a history of thoracic and lumbar discomfort and sleep disorder. The diagnosis included lumbosacral strain with left lumbar radiculopathy, thoracic strain, and intermittent palpitations with chest pain. No prior diagnostics for review. No prior treatments available for review. The medications included Norco, Lyrica 50 mg, and Lunesta 3 mg with a reported 8/10 pain level using the VAS. The physical examination dated 05/06/2014 of the lumbar spine revealed active range of motion with flexion at 60% of normal, extension 50% of normal, straight leg raise positive to the left at 70% in sitting position and negative to the right, spasm to the parathoracic muscles at the T4-9. The treatment plan included massage therapy, follow-up for psychiatric issues, increase Lyrica, follow-up in 1 month, and authorized for an OrthoStim unit. The Request for Authorization dated 06/09/2014 was submitted with documentation. The rationale for the massage therapy was to reduce pain. The rationale for the OrthoStim unit was to reduce inflammation and increase circulation and maintain range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy two times a week for six weeks: 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 Page(s): 60.

Decision rationale: The California MTUS indicate that massage therapy is 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 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 benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. Per the Clinical Note provided there was lack of evidence if the injured worker has had any prior physical therapy treatments or massage therapy treatments provided. The documentation did not provide any diagnostics for review. Per the guidelines, massage therapy is beneficial for only during the treatment. Massage is a passive intervention and treatment dependence should be avoided. Lack of long term benefits could be due to the short term period of treatments and these do not address the underlying cause of pain. The request did not indicate the location for the massage therapy. As such, the request is not medically necessary.

Ortho Stim Unit Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

Decision rationale: The California MTUS recommends a one month trial of a transcutaneous electrical stimulation unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. They do not recommend Neuromuscular electrical stimulation (NMES devices) as there is no evidence to support its' use in chronic pain. They do not recommend Interferential Current Stimulation (ICS) as an isolated intervention. Per Abrexis.com the Combo Care 4 stim unit includes, TENS, NMES/EMS, ISC and syncope therapies into one unit. Per the guidelines, it was recommended that a 1 month trial of a transcutaneous electrostimulation unit be tried in adjunction to a program of evidence-based functional restoration for chronic neuropathic pain. There must be documentation of a trial for at least 3 months of pain with evidence of other appropriate pain modalities have tried and failed. Per the documentation, the injured worker continues to take the Norco even with a pain of 8/10. As such, the request is not medically necessary.