MAXIMUS Federal Services

Case Number:	CM14-0093865		
Date Assigned:	07/25/2014	Date of Injury:	07/19/2005
Decision Date:	09/24/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/20/2014

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 Texas. 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:

Medical records reflect the claimant is a 48-year-old who sustained a work injury on July 19, 2005. On May 1, 2014, the claimant reports cervical spine, bilateral wrist and hand pain. The cervical pain radiates to bilateral shoulders. On exam, the claimant has limited range of motion of the cervical spine and lumbar spine. There was tenderness to palpation. DTR are 1+ n the upper extremities and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two massage therapy sessions for the neck and back: 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 Page(s): 60. Decision based on Non-MTUS Citation (ODG) pain chapter - massage therapy.

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes 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. There is an absence in documentation that this claimant is performing any

adjunct treatment. This form of treatment is not indicated as an isolated modality. This claimant is back at work full duty. Therefore, the request for Two massage therapy sessions for the neck and back is not medically necessary or appropriate.

Kera-Tek gel 4 oz.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Comp 2012 on the Web (www.odgtreatment.com): Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation (ODG) Pain chapter - topical analgesics.

Decision rationale: The Chronic Pain Medical Treatment Guidelines as well as ODG reflect that these medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is an absence in documentation noting that this claimant cannot tolerate oral medications or that she has failed first line of treatment. Therefore the request for Kera-Tek gel 4 oz. is not medically necessary or appropriate.