MAXIMUS Federal Services

Case Number:	CM14-0189249		
Date Assigned:	11/17/2014	Date of Injury:	06/10/2013
Decision Date:	01/09/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/10/2014

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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for hearing loss, low back pain, and neck pain reportedly associated with an industrial injury of June 10, 2013. In a Utilization Review Report dated October 28, 2014, the claims administrator denied a request for psychiatry consultation, invoking non-MTUS Chapter 7 ACOEM Guidelines, denied a request for an epidural steroid injection on the grounds that the applicant did not have radiographically corroborated radiculopathy, and denied request for eight sessions of massage therapy for the cervical spine. The claims administrator stated that its decision was based on a request for authorization received on October 22, 2014. The applicant's attorney subsequently appealed. In a progress note dated October 9, 2014, the applicant reported multifocal complaints of neck, low back, and bilateral shoulder pain with derivative complaints of hearing loss and psychological stress. The applicant completed 5-12 sessions of physical therapy. Multifocal neck, mid back, and shoulder pain complaints were noted. The applicant was not working, it was acknowledged. The applicant was asked to pursue massage therapy for the cervical spine. It was stated that the applicant was some one year removed from the date of earlier cervical fusion surgery. The applicant was having worsening symptoms of anxiety, psychological stress, and depression. A psychiatry consultation was endorsed to further evaluate the same. The applicant was placed off of work, on total temporary disability. Norco was renewed. A repeat epidural steroid injection was also sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Psychiatrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Chronic Pain Treatment Guidelines Page(s): 60.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 388, if an applicant's mental health symptoms become disabling despite primary care interventions or persist beyond three months, referral to a mental health professional is indicated. Here, the applicant is off of work, on total temporary disability, although it is acknowledged that this appears to be a function of the applicant's chronic pain complaints as well as the applicant's mental health complaints. Pursuing a psychiatric consultation to further evaluate the same is nevertheless, indicated in the face of the applicant's ongoing complaints of anxiety, depression, psychological stress, etc., and concomitant failure to return to work. Therefore, the request is medically necessary.

Massage Therapy, 8 visits for the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Chronic Pain Treatment Guidelines Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy, Physical Medicine Page(s): 58, 98.

Decision rationale: While page 60 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that massage therapy is recommended as an option, page 60 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its recommendation by noting that massage therapy should be employed as an adjunct to other recommended treatments, such as exercise, and should be limited to four to six visits in most cases. Here, thus, the request for eight sessions of treatment represents treatment in excess of MTUS parameters. The applicant, furthermore, is off of work, on total temporary disability, and did not appear to be intent on employing the massage therapy in conjunction with other recommended treatments, such as exercise. The eight-session course of massage therapy, furthermore, runs counter to the position set forth on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines to employ passive modalities such as massage therapy (sparingly) during the chronic pain phase of the claim. Therefore, the request is not medically necessary.

Epidural injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The request in question, as the attending provider acknowledged, thus represent a request for a repeat epidural steroid injection. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural steroid injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant is off of work, on total temporary disability, and remains dependent on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier epidural steroid injection therapy. Therefore, the request for a repeat epidural steroid is not medically necessary.