

Case Number:	CM14-0191408		
Date Assigned:	11/25/2014	Date of Injury:	03/03/2011
Decision Date:	01/09/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/17/2014

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 Family Practice 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:

58 years old male claimant sustained a work injury on 3/3/11 involving the neck, shoulder and back. He was diagnosed with left shoulder impingement, chronic cervical pain and carpal tunnel syndrome. He had undergone numerous physical therapy visits, electrical stimulation and heat/cold therapy. A progress note on 10/6/14 indicated the claimant had completed 2/6 massage therapy visits. Exam findings were notable for limited range of motion of the left shoulder and tenderness in the paracervical region. Shoulder surgery was denied and pending appeal. A request was made in October 2014 for 12 additional massage therapy visits for the neck and shoulder, cognitive behavioral therapy, pain management and an MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional massage therapy; 12 visits for the cervical spine and bilateral shoulder: 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: According to the guidelines, massage therapy is an option and adjunct to treatment. It should be limited to 4-6 visits. In this case, the request of 12 sessions exceeds the amount suggested by the guidelines and is not medically necessary.

Referral to pain management psychologist for evaluation; cognitive behavioral therapy and pain coping skills training: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101.

Decision rationale: According to the guidelines, psychological treatment and cognitive behavioral treatment is recommended for appropriately identified individuals. Initial screening should be done for those with at risk factors including, fear, depression, delayed recovery, etc. Pain management is appropriate when the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. In this case, there is delayed recovery and surgical treatment was denied. He was unable to return to work due to the lack of improvement in symptoms. Based on the clinical information provided and the guidelines above, the request above is medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Procedure Summary, MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. The request for an MRI of the cervical spine is not medically necessary.