

Case Number:	CM14-0194582		
Date Assigned:	12/02/2014	Date of Injury:	11/10/2010
Decision Date:	01/20/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/19/2014

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 chronic neck and mid back pain reportedly associated with an industrial injury of November 10, 2010. In a Utilization Review Report dated October 30, 2014, the claims administrator denied requests for hyperbaric oxygen treatment and myofascial therapy treatment. The claims administrator referenced a September 20, 2014 RFA form and Utilization Review Report dated October 7, 2014 in its denial as well as a progress note dated September 19, 2014. The claims administrator suggested that the applicant had ongoing issues with knee arthritis. The claims administrator invoked non-MTUS ODG Guidelines to deny the hyperbaric oxygen therapy, stating that the applicant did not have issues with non-healing diabetic wound for which hyperbaric oxygen therapy could be indicated. The claims administrator also denied a request for six sessions of myofascial therapy, citing both ACOEM and the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's attorney subsequently appealed. In an October 20, 2014 progress note, the applicant reported ongoing complaints of neck pain, headaches, low back pain, knee pain, myalgias, and paresthesias about the upper and lower extremities. The attending provider stated that he was in the process of seeking a special pillow and mattress for the applicant. The attending provider stated that he was seeking hyperbaric oxygen therapy for the purposes of ameliorating the applicant's myofascial pain complaints. The applicant was not working, it was acknowledged. Cymbalta was endorsed for myofascial pain syndrome. The request for hyperbaric oxygen therapy was reiterated, along with apparent request for six sessions of myofascial therapy. The applicant was seemingly placed off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyperbaric oxygen treatments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation ODG Low Back Chapter, Hyperbaric Oxygen Therapy topic

Decision rationale: While the MTUS does not address the topic of hyperbaric oxygen therapy, page 98 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that passive modalities such as the hyperbaric oxygen therapy at issue should be employed "sparingly" during the chronic pain phase of a claim. In this case, the request for hyperbaric oxygen therapy in conjunction with multiple other passives modalities, including manipulative therapy, massage therapy, etc., is, thus, at odds with MTUS principles and parameters. Similarly, ODG's Low Back Chapter Hyperbaric Oxygen Therapy topic notes that hyperbaric oxygen therapy is recommended as an option for diabetic skin ulcers. ODG qualifies its recommendation, however, by noting that routine usage of hyperbaric oxygen therapy is not justified for any type of wound, let alone the myofascial pain syndrome seemingly present here. Therefore, the request is not medically necessary.

Myofascial therapy treatments 1 time a week for 6 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, Physical Medicine Page(s): 60, 98.

Decision rationale: As noted on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines, massage therapy should be limited to four to six visits in most cases and should, furthermore, be employed only as an adjunct to other recommended treatments, such as exercise. In this case, the attending provider did not clearly state or suggest that the myofascial therapy at issue was being employed for the purposes of advancing the applicant's activity level and/or as an adjunct to exercise therapy. The fact that the applicant remained off of work implied that the myofascial therapy at issue was not, in fact, being employed as an adjunct to more efficacious treatments, such as exercise. Furthermore, page 98 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that passive modalities, as a whole, be employed "sparingly" during the chronic pain phase of a claim. In this case, the request for multiple passive modalities, including hyperbaric oxygen therapy, myofascial release therapy, and/or manipulative therapy, thus, are at odds with MTUS principles and parameters. Therefore, the request is not medically necessary.

