

Case Number:	CM14-0048527		
Date Assigned:	06/25/2014	Date of Injury:	10/07/2005
Decision Date:	09/04/2015	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	03/28/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 55 year old male, who sustained an industrial injury on 10-7/2005. He reported cumulative trauma injury to the left shoulder associated with neck pain and headaches. Diagnoses include multilevel cervical degenerative disc disease status post cervical fusion, left shoulder rotator cuff tear status post surgical repair, left wrist sprain-strain, thoracic sprain-strain, right shoulder sprain-strain, vagal nerve injury following cervical spine fusion, headaches, and anxiety and depression secondary to chronic pain. Treatments to date include medication therapy, physical therapy and acupuncture treatments, cognitive behavioral and biofeedback therapy. Currently, he complained of symptoms of depression, social isolation, worry, anxiety, and sleep difficulties. On 3-10-15, the physical examination documented extensive medical records review and a comprehensive mental examination and results. The treating diagnoses included major depressive disorder and pain disorder associated with psychological factors and general medical condition. The plan of care included strategies using cognitive behavioral and biofeedback skills. The appeal requested authorization of eight massage therapy sessions to treat the neck, shoulder and back areas, and a soft collar for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) massage therapy for neck, shoulder, and back areas: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 of 127.

Decision rationale: This claimant was injured now 10 years ago with diagnoses of multilevel cervical degenerative disc disease status post cervical fusion, left shoulder rotator cuff tear status post surgical repair, left wrist sprain-strain, thoracic sprain-strain, right shoulder sprain-strain, vagal nerve injury following cervical spine fusion, headaches, and anxiety and depression secondary to chronic pain. Treatments to date include medication therapy, physical therapy and acupuncture treatments, cognitive behavioral and biofeedback therapy. Regarding cervical collars, the ODG notes in the Neck section: Not recommended for neck sprains. Patients diagnosed with WAD (whiplash associated disorders), and other related acute neck disorders may commence normal, pre-injury activities to facilitate recovery. Rest and immobilization using collars are less effective, and not recommended for treating whiplash patients. May be appropriate where post-operative and fracture indications exist. (Verhagen, 2002) (Borchgrevink, 1998) (Gennis, 1996) (Rosenfeld, 2000) (Colorado, 2001) (Gross-Cochrane, 2002) (Verhagen- Cochrane, 2004) (Rodriquez, 2004) The request is not medically necessary based on the evidence-based review.

Soft collar for cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Worker's Compensation, Neck & Upper Back Procedure Summary (last updated 03/07/2014), Cervical Collars.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Collars.

Decision rationale: This claimant was injured now 10 years ago with diagnoses of multilevel cervical degenerative disc disease status post cervical fusion, left shoulder rotator cuff tear status post surgical repair, left wrist sprain-strain, thoracic sprain-strain, right shoulder sprain-strain, vagal nerve injury following cervical spine fusion, headaches, and anxiety and depression secondary to chronic pain. Treatments to date include medication therapy, physical therapy and acupuncture treatments, cognitive behavioral and biofeedback therapy. Regarding cervical collars, the ODG notes in the Neck section: Not recommended for neck sprains. Patients diagnosed with WAD (whiplash associated disorders), and other related acute neck disorders may commence normal, pre-injury activities to facilitate recovery. Rest and immobilization using collars are less effective, and not recommended for treating whiplash patients. May be appropriate where post-operative and fracture indications exist. (Verhagen, 2002) (Borchgrevink, 1998) (Gennis, 1996) (Rosenfeld, 2000) (Colorado, 2001) (Gross-Cochrane, 2002) (Verhagen- Cochrane, 2004) (Rodriquez, 2004) The request is non-certified based on the evidence-based review.

