

Case Number:	CM15-0219401		
Date Assigned:	11/12/2015	Date of Injury:	12/16/2011
Decision Date:	12/31/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/09/2015

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, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of December 16, 2011. In a Utilization Review report dated October 15, 2015, the claims administrator failed to approve requests for massage therapy, liver function testing, renal function testing, and hepatic function testing. An October 1, 2015 office visit was referenced in the determination. The claims administrator contended the applicant had received 27 prior sessions of chiropractic manipulative therapy. Non-MTUS ODG Guidelines were invoked to deny the request for massage therapy. The claims administrator then stated, in another section of the progress note, that the applicant had self-procured massage therapy in the past. The applicant's attorney subsequently appealed. On October 5, 2015 RFA form, additional physical therapy to instruct the applicant on how to use a TENS unit, six sessions of massage therapy, liver function testing, renal function testing were all seemingly sought. On an associated October 1, 2015 office visit, the applicant reported ongoing issues with chronic neck pain. The applicant recently had received a TENS unit, the treating provider acknowledged. The attending provider acknowledged that the applicant had self-procured massage therapy in the past, but nevertheless sought six additional sessions of the same. Physical therapy for instructive purposes to facilitate the applicant's using TENS unit was sought. Renal and hepatic functioning testing were also sought. The attending provider noted that the applicant was using Tylenol on an occasional basis on this date. On September 3, 2015, the applicant was given 100 tablets of Tylenol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial massage therapy for the neck, quantity: 6 sessions: 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): Neck & Upper Back Chapter- Massage.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy, Physical Medicine.

Decision rationale: No, the request for six sessions of massage therapy for neck was not medically necessary, medically appropriate, or indicated here. While page 60 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge the massage therapy is recommended as an adjunct to other recommended treatments, such as exercise, should be limited to 4 to 6 visits in most cases, here, however, the attending provider acknowledged on the October 1, 2015 office visit that the applicant had, in fact, self-procured massage therapy in unspecified amounts of course of the claim. Thus, contrary to attending provider's statement, the request for an "initial" 6-session course of massage therapy in fact represented a request for renewal or extension of the same. The applicant's work status was not clearly outlined on the October 1, 2015 office visit at issue, suggesting the applicant was not, in fact, working. It did not appear, thus, that the applicant was intent on employing the massage therapy in conjunction an exercise program or program of functional restoration. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that passive modalities, as a whole, should be employed "sparingly" during the chronic phase of treatment. Here, the attending provider acknowledged on October 1, 2015 that the applicant was concurrently using another passive modality, namely a TENS unit. Concurrent usage of two separate passive modalities, namely TENS therapy and massage therapy, thus, was at odds with page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Liver function laboratory studies (ALT/AST): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen.

Decision rationale: Conversely, the request for liver (hepatic) function testing in form of an ALT and AST was medically necessary, medically appropriate, and indicated here. The applicant was using Tylenol (acetaminophen), the treating provider acknowledged. Page 12 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that hepatic toxicity does represent a potential adverse effect of acetaminophen usage. Ascertaining the applicant's present levels of hepatic function to verify the same were, in fact, consistent with currently prescribed medications was, thus, indicated. Therefore, the request was medically necessary.

Renal Panel laboratory studies (BUN/BR/GFR): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Finally, the request for renal function testing in the form BUN, creatinine, and GFR was likewise medically necessary, medically appropriate, and indicated here. As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, routine suggested laboratory monitoring in applicants on NSAIDs includes periodic assessment of applicant's CBC, renal function testing, and hepatic function testing. Here, while the applicant was not seemingly using NSAID, the applicant was using Tylenol (acetaminophen), a medication predominantly processed in liver, but also processed to a lesser degree in the kidneys. Ascertaining the applicant's current levels of renal function to ensure that the same were consistent with currently prescribed acetaminophen (Tylenol) was thus, indicated. Therefore, the request was medically necessary.