MAXIMUS Federal Services

Case Number:	CM15-0224277		
Date Assigned:	11/20/2015	Date of Injury:	05/01/2009
Decision Date:	12/30/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/16/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 54-year-old female with a date of injury on 5-1-09. A review of the medical records indicates that the injured worker is undergoing treatment for multiple orthopedic complaints. Progress report dated 10-13-15 reports continued complaints of neck pain and right upper extremity radicular symptoms. The pain is rated 10 out of 10 without medications and 7 out of 10 with medications. She states chiropractic and massage is helping her pain. Physical exam: cervical range of motion is decreased by 50 percent, minimal tenderness of the cervical para-spinals and rhomboids, cervical sensation is reduced in the right C6 and C8 dermatomes. Treatments include medication, physical therapy, massage, chiropractic, epidural and facet injections, C4-5, C5-6, C6-7 complete diskectomy, decompression, allograft placement and instrumentation from C4-7. Request for authorization was made for Massage therapy to cervical spine (sessions) Qty 6 and Hydrocodone/Acetaminophen 10 mg Qty 120. Utilization review dated 10-21-15 modified the request to certify Hydrocodone/Acetaminophen 10 mg Qty 108 and non-certify massage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy to cervical spine (sessions) Qty 6: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic) Massage.

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

Decision rationale: The California chronic pain medical treatment guidelines section on myofacial/massage therapy states: Recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. (Hasson, 2004) A very small pilot study showed that massage can be at least as effective as standard medical care in chronic pain syndromes. Relative changes are equal, but tend to last longer and to generalize more into psychologic domains. (Walach 2003) The strongest evidence for benefits of massage is for stress and anxiety reduction, although research for pain control and management of other symptoms, including pain, is promising. The physician should feel comfortable discussing massage therapy with patients and be able to refer patients to a qualified massage therapist as appropriate. (Corbin 2005) Massage is an effective adjunct treatment to relieve acute postoperative pain in patients who had major surgery, according to the results of a randomized controlled trial recently published in the Archives of Surgery. (Mitchinson, 2007) Massage therapy is a recommended treatment option for chronic pain per the California MTUS. However, the recommended amount of visits is 4-6 sessions. The request is within these parameters and is a therapeutic option for cervical neck pain. Therefore the request is medically necessary.

Hydrocodone/Acetaminophen 10mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioid hyperalgesia.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: When to Continue Opioids: (a) If the patient has returned to work. (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004). The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is documentation of significant subjective improvement in pain such as VAS scores with pain decreased from a 10/10 to a 7/10. There is also no objective measure of improvement in function. For these reasons, the criteria set forth above of ongoing and continued used of opioids have not been met. Therefore, the request is not medically necessary.