MAXIMUS Federal Services

Case Number:	CM15-0033900		
Date Assigned:	02/27/2015	Date of Injury:	10/15/2014
Decision Date:	04/13/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/23/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year old male, who sustained an industrial injury on October 15, 2014. The diagnoses have included acute cervicothoracic strain, acute lumbar strain, acute thoracic bone bruise and right shoulder rotator cuff repair. Treatment to date has included chiropractic therapy, injection, pain medication, work modifications and diagnostic studies. Currently, the injured worker complains of occasional headaches located on the side of the head and constant neck pain. The neck pain does not radiate. It increases with turning of the head, flexing and extending the head and neck and with prolonged sitting and standing. He rates the neck pain an 8 on a 10-point scale. The injured worker reports constant thoracic spine pain which he rates a 9 on a 10-point scale. The evaluating physician notes that the injured worker had some chiropractic therapy, which provided some relief of symptoms. On examination, his cervical spine range of motion is limited, he has a positive cervical compression test, and a Spurling's test was positive on the right. Palpation of the cervical spine revealed tenderness and hypertonicity on the right. His thoracic and lumbar spine was tender to palpation and had limited range of motion. On February 10, 2015 Utilization Review non-certified a request for 9 sessions of physical therapy to the cervical and thoracic spine, 12 sessions of massage therapy to the cervical and thoracic spine, and a large heating pad, noting that the injured worker has a heating pad which can be used and noting that there is no documentation of improvement from previous massage therapy. In addition, the request for 9 sessions of physical therapy to the cervical and thoracic spine was modified to three visits to allow for transition to a home exercise program. The California Medical Treatment Utilization Schedule and the ACOEM were cited. On

February 23, 2015, the injured worker submitted an application for IMR for review of 9 sessions of physical therapy to the cervical and thoracic spine, 12 sessions of massage therapy to the cervical and thoracic spine, and a large heating pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 to cervical and thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: This patient presents with low back and neck pain. The current request is for PHYSICAL THERAPY 2X6 TO THE CERVICAL AND THORACIC SPINE. There is no Request for Authorization RFA available for review. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." This patient has a date of injury of 10/15/14. The exact number of completed physical therapy visits to date and the objective response to therapy were not documented in the medical reports. The utilization review states that the patient was authorized 9 PT sessions, but unclear if all were completed. There are 4 PT progress notes dated from 10/15/14 through 10/27/14. In this case, a short course of physical therapy sessions to address the patient's complaints may be indicated but the request for additional 12 sessions with the 4 recently received, exceeds what is recommended by guidelines. This request IS NOT medically necessary.

Massage therapy 2x6 to cervical and thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines.

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

Decision rationale: This patient presents with low back and neck pain. The current request is for MASSAGE THERAPY 2X6 TO THE CERVICAL AND THORACIC SPINE. There is no Request for Authorization RFA available for review. This patient has a date of injury of 10/15/14. The MTUS Chronic Pain Medical Treatment Guidelines, page 60 for 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. The progress reports do not document any massage therapy sessions. Given the patient

complaints of pain a short course of 6 treatments is supported by MTUS. The request for 12 sessions exceeds what is recommended by guidelines. This request IS NOT medically necessary.

Large heating pad: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation low back chapter, heat therapy.

Decision rationale: This patient presents with low back and neck pain. The current request is for LARGE HEATING PAD. There is no Request for Authorization RFA available for review. The Utilization review denied the request stating that "there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as heat/cold applications." ODG-TWC.COM under the low back chapter has the following regarding heat therapy, "Recommended as an option. A number of studies show continuous low-level heat wrap therapy to be effective for treating low back pain." ODG further states, "Active warming reduces acute low back pain during rescue transport. Combining continuous low-level heat wrap therapy with exercise during the treatment of acute low back pain significantly improves functional outcomes compared with either intervention alone or control." The patient has acute pain in the neck, shoulder and low back and ODG guidelines allow for use of heat packs for acute pain. This request IS medically necessary.