MAXIMUS Federal Services

Case Number:	CM15-0042024		
Date Assigned:	03/12/2015	Date of Injury:	08/06/2012
Decision Date:	04/22/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/05/2015

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, Hawaii
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 26 year old male, who sustained an industrial injury on 8/6/2012. Currently he reported persistent pain in the mid and low back rib fractures; right kidney dysfunction; severe pain in the chest and abdomen, with some numbness in the hands; and severe psychological distress. Additional current complaints are noted to include neck, thoracic and lower back pain, and right-sided chest wall pain. The injured worker has been diagnosed with, and/or impressions were noted to include, 3 closed right rib fractures - displaced with non-union; closed lumbar fractures - right -sided transverse process; sprains and strains of the neck and thoracic region; and post-traumatic stress disorder. Treatments to date have included medical and psychological consultations; magnetic resonance imaging studies; 3 massage therapy sessions; chiropractic treatments; > 20 physical therapy sessions; 12 acupuncture sessions; individual psychotherapy sessions; and no medication regimen. The original injuries were noted to include fractures of the ribs and spine; damage to the kidneys, liver, spleen, and appendix; and a collapsed lung. It is noted that the injured worker has made the decision to defer surgery and has shown excellent benefit from the use of all of the conservative treatment modalities, and that the injured worker states that massage therapy helps him the best all of the other conservative modality treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Massage Therapy Visits to Cervical, Thoracic, Lumbar Regions: Upheld

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

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

Decision rationale: The patient presents with neck, thoracic, low back, and right-sided chest wall pain. The current request is for 12 Massage Therapy Visits to Cevical, Thoracic, Lumbar Regions. The treating physician states: Patient denies acute changes in his pain since his previous visit. He continues to note ongoing neck as well as back pain. He is most bothered by his thoracic back pain that is exacerbated by extended periods of sitting as well as wearing a backpack. The patient prefers to stay conservative and his treatment and defers surgery or medications. He did start massage therapy last month; he states he has had 3 sessions thus far. As far as conservative treatment goes, he does note the most benefit from chiropractic treatment and massage therapy. After each session of massage therapy he reports 50% pain decrease that lasts for one week, this is the most beneficial treatment he has experienced so far. (B.41) MTUS page 60 supports massage therapy as an adjunct to other recommended treatment such as exercise and states that it should be limited to 4-6 visits in most cases. In this case, the patient has already completed 3 sessions of massage therapy. The additional 12 sessions would take the patient well beyond the maximum allowed by the MTUS guidelines. The current request is not medically necessary and the recommendation is for denial.

Renal Function Panel w/e GFR: Overturned

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 NSAIDS Page(s): 70.

Decision rationale: The patient presents with neck, thoracic, low back, and right-sided chest wall pain. The current request is for Renal Function Panel w/e GFR. The treating physician states: Patient denies acute changes in his pain since his previous visit. He continues to note ongoing neck as well as back pain. He is most bothered by his thoracic back pain that is exacerbated by extended periods of sitting as well as wearing a backpack. The patient prefers to stay conservative and his treatment and defers surgery or medications. As you will recall, the patient did sustain a kidney laceration with baseline loss of right-sided kidney function with a chronically elevated creatinine. We do feel that the patient needs to be evaluated for his kidney functions on an industrial basis, we will request for kidney function testing labs at this visit, if they are abnormal we will facilitate a referral to nephrology for proper treatment and follow-up. (B.41/42). The MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine Lab testing. However, the MTUS Guidelines page 70 does discuss periodic lab monitoring of CBC and chemistry profile including liver and renal function tests. In this case, the patient has

completed a Renal Function Panel in the past due to his industrial injury that included a kidney laceration. The treating physician has recommended a follow up lab test to determine the patient's current level of function. The current request is medically necessary and the recommendation is for authorization.