

Case Number:	CM14-0110385		
Date Assigned:	08/08/2014	Date of Injury:	01/22/2014
Decision Date:	10/24/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/15/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 female patient with the date of injury of January 22, 2014. A utilization review determination dated June 19, 2014 recommends non-certification of infrared massage, myofascial release, iontophoresis, electrostimulation, and dexamethasone sodium phosphate 2 x 3 times a week for 4 weeks for joint pain, sprain of shoulder/arm, sprain of neck, sprain of lumbar region, and sprain of thoracic region. Non-certification is also recommended for an orthopedic initial consultation for joint pain, sprain of shoulder/arm, sprain of neck, sprain of thoracic region, sprain of lumbar region, Cyclobenzaprine 7.5 mg, and Omeprazole 20 mg. A progress note dated May 8, 2014 identifies subjective complaints of cervical spine pain rated at a 4/10, thoracic spine pain is a 2 - 3/10, lumbar spine pain is a 7 - 8/10, bilateral shoulder pain is a 2 - 5/10, headache is a 2 - 3/10, pain is worse with performing ADLs and ambulating, pain is improved with medications, therapy, and the remaining part of the subjective portion is written illegibly. Physical examination identifies tenderness and spasms of the cervical bilateral paraspinal muscles, bilateral suboccipital region, bilateral upper trapezius, and tenderness of scalene muscles. Sensation is decreased of bilateral upper extremities. The list of diagnoses is illegible. The treatment plan recommends Cyclobenzaprine 7.5 #90mg, Naproxen 550 mg #60, Tramadol ER 150 mg #30, Omeprazole 20mg #30, and therapy 2 x 3 times a week for 4 weeks. The remaining portion of the treatment plan is illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Infrared Massage, Myofascial Release, Iontophoresis, Electro Stimulation and Dexamethasone Sodium Phosphate 2 x 3 times a week for 4 weeks to Joint Pain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60, 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Massage Therapy

Decision rationale: Regarding the request for Infrared Massage, Myofascial release, Iontophoresis, Electro Stimulation and Dexamethasone Sodium Phosphate 2 x 3 times a week for 4 weeks to Joint Pain, Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review, there is no indication that the currently requested massage therapy, and additional treatments will be used as an adjunct to other recommended treatment modalities. Finally, it is unclear exactly what objective treatment goals are hoping to be addressed with the currently requested massage therapy and additional treatments. In the absence of clarity regarding those issues, the currently requested Infrared Massage, Myofascial release, Iontophoresis, Electro Stimulation and Dexamethasone Sodium Phosphate 2 x 3 times a week for 4 weeks to Joint Pain is not medically necessary.

Infrared Massage, Myofascial release, Iontophoresis, Electro Stimulation and Dexamethasone Sodium Phosphate 2 x 3 times a week for 4 weeks to Sprain of Shoulder/Arm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60, 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Massage Therapy

Decision rationale: Regarding the request for Infrared Massage, Myofascial release, Iontophoresis, Electro Stimulation and Dexamethasone Sodium Phosphate 2 x 3 times a week for 4 weeks for sprain of shoulder/arm, Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review, there is no indication that the currently requested massage therapy and additional treatments will be used as an adjunct to other recommended treatment modalities. Finally, it is unclear exactly what objective treatment goals are hoping to be addressed with the currently requested massage therapy and additional treatments. In the absence of clarity regarding those issues, the currently requested Infrared Massage, Myofascial release, Iontophoresis, Electro Stimulation and Dexamethasone Sodium

Phosphate 2 x 3 times a week for 4 weeks for sprain of shoulder/arm are not medically necessary.

Infrared Massage, Myofacial release, Iontophoresis, Electro Stimulation and Dexamethasone Sodium Phosphate 2 x 3 times a week for 4 weeks to Sprain of Neck:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60, 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Massage Therapy

Decision rationale: Regarding the request for Infrared Massage, Myofacial release, Iontophoresis, Electro Stimulation and Dexamethasone Sodium Phosphate 2 x 3 times a week for 4 weeks for sprain of neck, Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review, there is no indication that the currently requested massage therapy and additional treatments will be used as an adjunct to other recommended treatment modalities. Finally, it is unclear exactly what objective treatment goals are hoping to be addressed with the currently requested massage therapy and additional treatments. In the absence of clarity regarding those issues, the currently requested Infrared Massage, Myofacial release, Iontophoresis, Electro Stimulation and Dexamethasone Sodium Phosphate 2 x 3 times a week for 4 weeks for sprain of neck is not medically necessary.

Infrared Massage, Myofacial release, Iontophoresis, Electro Stimulation and Dexamethasone Sodium Phosphate 2 x 3 times a week for 4 weeks to Sprain of Lumbar Region: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60, 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Massage Therapy

Decision rationale: Regarding the request for Infrared Massage, Myofacial release, Iontophoresis, Electro Stimulation and Dexamethasone Sodium Phosphate 2 x 3 times a week for 4 weeks for sprain of lumbar region, Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review, there is no indication that the currently requested massage therapy and additional treatments will be used as an adjunct to other recommended treatment modalities. Finally, it is unclear exactly what objective treatment goals

are hoping to be addressed with the currently requested massage therapy and additional treatments. In the absence of clarity regarding those issues, the currently requested Infrared Massage, Myofacial release, Iontophoresis, Electro Stimulation and Dexamethasone Sodium Phosphate 2 x 3 times a week for 4 weeks for sprain of lumbar region is not medically necessary.

Infrared Massage, Myofacial release, Iontophoresis, Electro Stimulation and Dexamethasone Sodium Phosphate 2 x 3 times a week for 4 weeks to Sprain of Thoracic Region: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60, 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Massage Therapy

Decision rationale: Regarding the request for Infrared Massage, Myofacial release, Iontophoresis, Electro Stimulation and Dexamethasone Sodium Phosphate 2 x 3 times a week for 4 weeks for sprain of thoracic region, Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review, there is no indication that the currently requested massage therapy and additional treatments will be used as an adjunct to other recommended treatment modalities. Finally, it is unclear exactly what objective treatment goals are hoping to be addressed with the currently requested massage therapy and additional treatments. In the absence of clarity regarding those issues, the currently requested Infrared Massage, Myofacial release, Iontophoresis, Electro Stimulation and Dexamethasone Sodium Phosphate 2 x 3 times a week for 4 weeks for thoracic region is not medically necessary.

Orthopedic initial Consultation for Joint pain -Multiple Joints: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: Regarding the request for an orthopedic initial consultation for multiple joints, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, it is unclear why there is a need for an orthopedic consultation and how the course of care will benefit from the consultation. In light of the above issues, the currently requested referral for an orthopedic initial consultation for multiple joints is not medically necessary.

Orthopedic initial Consultation for Sprain of Shoulder/Arm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: Regarding the request for an orthopedic initial consultation for sprain of shoulder/arm, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, it is unclear why there is a need for an orthopedic consultation and how the course of care will benefit from the consultation. In light of the above issues, the currently requested referral for an orthopedic initial consultation for sprain of shoulder/arm is not medically necessary.

Orthopedic initial Consultation for Sprain of Neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: Regarding the request for an orthopedic initial consultation for sprain of neck, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, it is unclear why there is a need for an orthopedic consultation and how the course of care will benefit from the consultation. In light of the above issues, the currently requested referral for an orthopedic initial consultation for sprain of neck is not medically necessary.

Orthopedic initial Consultation for Sprain of Thoracic Region: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: Regarding the request for an orthopedic initial consultation for sprain of thoracic region, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, it is unclear why there is a need for an orthopedic consultation and how the course of care will benefit from the consultation. In light of the above issues, the currently requested referral for an orthopedic initial consultation for sprain of thoracic region is not medically necessary.

Orthopedic initial Consultation for Sprain of Lumbar Region: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: Regarding the request for an orthopedic initial consultation for sprain of lumbar region, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, it is unclear why there is a need for an orthopedic consultation and how the course of care will benefit from the consultation. In light of the above issues, the currently requested referral for an orthopedic initial consultation for sprain of lumbar region is not medically necessary.

Cyclobenzaprine 7.5mg (Unspecified Quantity): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines Muscle Relaxant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for cyclobenzaprine 7.5mg, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Cyclobenzaprine 7.5mg is not medically necessary.

Omeprazole 20mg (Unspecified Quantity): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs)

Decision rationale: Regarding the request for Omeprazole 20mg, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the

documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested Omeprazole 20mg is not medically necessary.