MAXIMUS Federal Services

Case Number:	CM14-0116091		
Date Assigned:	08/04/2014	Date of Injury:	08/14/2009
Decision Date:	10/08/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/24/2014

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 Occupational Medicine, has a subspecialty in Preventive Medicine 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:

The applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 14, 2009.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; 20 to 22 sessions of physical therapy through May 22, 2014, per the claims administrator; epidural steroid injection therapy; opioid therapy; adjuvant medications; trigger point injections; unspecified amounts of manipulative therapy; and unspecified amounts of massage therapy.In a Utilization Review Report dated July 14, 2014, the claims administrator denied a request for six sessions of physical therapy and medical massage therapy. Non-MTUS ODG Guidelines were invoked to deny the request for massage therapy, despite the fact that the MTUS addresses the topic at hand. The claims administrator posited that the applicant had failed to respond favorably to earlier treatment over the course of the claim and also stated that the applicant had had extensive passive treatments, including manipulative treatment, acupuncture, and at least eight prior sessions of massage therapy.The applicant subsequently appealed.In a handwritten appeal letter dated July 24, 2014, the applicant acknowledged that she had received physical therapy and massage therapy for some body parts, including her neck, but stated that she had not received much in the way of treatment for her low back. The applicant stated that she continues to suffer from pain and discomfort. The applicant posited that the earlier physical therapy and massage therapy had proven beneficial and that she hoped that further treatment would likewise prove beneficial. The applicant did not state whether or not she was working.In a progress note dated June 2, 2014, the applicant reported persistent complaints of neck and back pain. It was stated that the applicant had been back at work for approximately four plus months. An epidural steroid injection therapy had apparently proven beneficial. The attending provider posited that

previous physical therapy and massage therapy had proven beneficial. The applicant was using gabapentin and Butrans, it was stated. The applicant exhibited well-preserved upper and lower extremity motor functions. The applicant was asked to continue pain medications, including Butrans, Robaxin, Neurontin, and Percocet. Massage therapy and physical therapy were endorsed. The applicant was apparently returned to part-time work at a rate of four hours per day. A 10-pound lifting limitation was endorsed.In a May 22, 2014 physical therapy progress note, it was acknowledged that the applicant had completed 20 to 22 sessions of physical therapy associated with this particular course of treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 6 for the Bilateral Upper Extremity & Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 8, 99.

Decision rationale: The applicant has already had prior treatment (at least 22 sessions in 2014 alone), seemingly well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be some demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. In this case, the applicant has seemingly plateaued in terms of the functional improvement measures established in MTUS 9792.20f following earlier extensive physical therapy. A rather proscriptive 10-pound lifting limitation and four-hour-per-day work limitation remained in place. While the applicant has apparently returned to part-time modified work, the applicant's work status does not appear to be advancing appreciably from visit to visit. Similarly, the applicant remains highly reliant and highly dependent on various forms of medical treatment, including several different opioid agents such as Butrans and Percocet. All of the above, taken together, suggest that the applicant has reached a plateau in terms of the functional improvement measures established in MTUS 9792.20f following completion of extensive prior physical therapy over the life of the claim. Therefore, the request for additional physical therapy is not medically necessary.

Medical Massage x 6 for the Neck & Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage & Physical Therapy Page(s): 60, 98.

Decision rationale: The applicant has already had prior treatment (at least eight sessions throughout 2014, per the claims administrator), seemingly in excess of the four- to six-session course recommended on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for massage therapy. It is further noted that page 68 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that massage therapy should be considered an adjunct to other recommended treatments such as exercise. Furthermore, page 98 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that passive modalities such as massage should be employed "sparingly" during the chronic pain phase of the claim. In this case, thus, the request for additional massage therapy runs counter to MTUS principles and parameters. No compelling case has been made for additional passive treatment at this late stage in the life of the claim. Therefore, the request is not medically necessary.