MAXIMUS Federal Services

Case Number:	CM14-0213283		
Date Assigned:	12/30/2014	Date of Injury:	03/16/1984
Decision Date:	02/20/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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 & Rehabn

CLINICAL CASE SUMMARY

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

According to the records made available for review, this is a 61-year-old female with a 3/16/84 date of injury. At the time (21/1/14) of request for authorization for 6 Manual massage therapy sessions and Dilaudid 4mg #90, there is documentation of subjective (neck and low back pain) and objective (tenderness over the right paracervical and bilateral paralumbar muscles with spasms, decreased range of motion, decreased bilateral T8 and T9 sensation, positive Patrick's test, and positive Fabere test) findings, current diagnoses (degenerated cervical disc disease, lumbar sprain/strain, cervical facet arthropathy, cervical radiculopathy, and sacroiliac joint dysfunction), and treatment to date (medications (including ongoing treatment with Dilaudid and Ambien), home exercise program, and 6 previous massage therapy treatments). Medical report identifies of an opioid treatment assessment; and that medications provide functional pain relief. Regarding 6 Manual massage therapy sessions, there is no documentation of objective functional improvement following previous treatment. Regarding Dilaudid 4mg #90, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Dilaudid use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 manual massage therapy sessions: Upheld

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

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

Decision rationale: MTUS identifies documentation that massage therapy is being used as an adjunct to other recommended treatment (e.g. exercise), as criteria necessary to support the medical necessity of massage therapy. ODG identifies documentation of objective functional deficits, functional goals and massage used in conjunction with an exercise program, as criteria necessary to support the medical necessity of massage therapy. In addition, ODG recommends a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Within the medical information available for review, there is documentation of diagnoses of degenerated cervical disc disease, lumbar sprain/strain, cervical facet arthropathy, cervical radiculopathy, and sacroiliac joint dysfunction. In addition, there is documentation of 6 previous massage therapy treatments including objective functional deficits and functional goals. Furthermore, there is documentation that massage therapy is being used as an adjunct to other recommended treatment (home exercise program). However, there is no documentation of objective functional improvement following previous treatment. Therefore, based on guidelines and a review of the evidence, the request for 6 manual massage therapy sessions is not medically necessary.

Dilaudid 4mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of degenerated cervical disc disease, lumbar sprain/strain, cervical facet arthropathy, cervical radiculopathy, and sacroiliac joint dysfunction. In addition, given documentation of an opioid treatment assessment, there is documentation that that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is

being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, despite documentation that medications provide functional pain relief, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Dilaudid use to date. Therefore, based on guidelines and a review of the evidence, the request for Dilaudid 4mg #90 is not medically necessary.