MAXIMUS Federal Services

Case Number:	CM15-0174681		
Date Assigned:	09/16/2015	Date of Injury:	05/22/1998
Decision Date:	11/13/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/04/2015

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: Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management

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 66 year old female, who sustained an industrial injury on 5-22-1998. Diagnoses include thoracic outlet syndrome, chronic pain syndrome, and cervicalgia. There were associated diagnoses of anxiety, depression and sleep apnea. Treatment to date has included right pectoralis minor tendon release (3-17-2015), physical therapy, acupuncture and massage. The past surgical procedures listed are pectoralis minor surgery and carpal tunnel release. The medications listed are Ambien and Tramadol. Per the most recent submitted Primary Treating Physician's Progress Report dated 5-27-2015, the injured worker presented for follow-up of neck pain. She reported feeling better in response to treatment. Objective findings were recorded as unchanged on this date. On 4-13-2015, Physical medicine objective findings included ranges of motion (ROM) of the cervical spine as right and left rotation 65 degrees, left and right side bend 24 degrees, and flexion 54 degrees and thoracic spine ROM included right and left lateral rotation of 20 degrees. 8-11-2015, Utilization Review non-certified the request for physical therapy (2x6), acupuncture (2x6), and neuromuscular massage therapy (2x6) for the cervical and thoracic spine and bilateral wrists, a pain medicine consult, psychiatry consult, neurology consult and vascular consult citing lack of established medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for the cervical spine, thoracic spine and bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Carpal Tunnel Syndrome Chapter, Low Back Chapter, Physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise, Manual therapy & manipulation, Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Physical Therapy.

Decision rationale: The CA MTUS and the ODG guidelines recommend that Physical therapy (PT) can be utilized for the treatment of exacerbation of muculoskeletal pain when standard NSAIDs, behavioral modification and exercise have failed. The guidelines recommend that patient proceed to a home exercise program and self-directed exercise activities after completion of supervised physical treatments. The records indicate that the patient had previously completed several series of PT, acupuncture treatments and massage treatments since the 1998 injury. The patient also completed post surgery physical treatments after the musculoskeletal surgery procedures. There is no indication of recent re-injury or exacerbation of the musculoskeletal conditions. The criteria for Physical Therapy 2 times a week for the cervical spine, thoracic spine and bilateral wrists were not met.

Acupuncture 2 times a week for 6 weeks for the cervical spine, thoracic spine and bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Acupuncture.

Decision rationale: The CA MTUS and the ODG guidelines recommend that Acupuncture treatments can be utilized for the treatment of exacerbation of muculoskeletal pain when standard NSAIDs, behavioral modification and exercise have failed. The use of acupuncture can result in pain relief, reduction in medication utilization and functional restoration. The records indicate that the patient had previously completed several series of PT, acupuncture treatments and massage treatments since the 1998 injury. The patient also completed multiple surgeries followed by physical treatments for the musculoskeletal pain. There is no indication of recent re-injury or exacerbation of the musculoskeletal conditions. The criteria for Acupuncture 2 times a week for 6 weeks for the cervical spine, thoracic spine and bilateral wrists were not met.

Neuromuscular massage therapy 2 times a week for 6 weeks for the cervical spine, thoracic spine and bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation, Massage therapy, Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Massage Therapy.

Decision rationale: The CA MTUS and the ODG guidelines recommend that Massage therapy can be utilized for the treatment of exacerbation of muculoskeletal pain when standard NSAIDs, behavioral modification and exercise have failed. The guidelines recommend that patient proceed to a home exercise program and self directed exercise activities after completion of supervised physical treatments. The records indicate that the patient had previously completed several series of PT, acupuncture treatments and massage treatments since the 1998 injury. The patient also completed post surgery physical treatments after the musculoskeletal surgery procedures. There is no indication of recent re-injury or exacerbation of the musculoskeletal conditions. The criteria for Neuromuscular massage therapy 2 times a week for 6 weeks for the cervical spine, thoracic spine and bilateral wrist was not met.

Pain medicine consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Office visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, intensity, Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Referrals.

Decision rationale: The CA MTUS and the ODG guidelines recommend that patient can be referred for evaluation and treatment to other specialists when the condition is too complex or additional expertise is necessary to address specific medical conditions. The records indicate that the patient had already completed years of evaluation and treatment by Pain medicine specialist. The patient had completed many investigations, intervention pain treatments and surgeries by multiple specialists. The records did not show a recent exacerbation of the medical conditions or re-injury that did not respond to treatment by the primary treating physician. The record did not show that the patient was still utilizing anti-convulsant and anti-depressant co-analgesic medications and home exercise program that was recommended following previous consultations by other specialists. The criteria for Pain Medicine Consult were not met.

Psyche consult: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Office visits.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, Medical, and Chronic Pain Medical Treatment 2009, Section(s): Anti-depressants for chronic pain, Behavioral interventions, Psychological evaluations, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Stress Mental Illness.

Decision rationale: The CA MTUS and the ODG guidelines recommend that patient can be referred for evaluation and treatment to other specialists when the condition is too complex or additional expertise is necessary to address specific medical conditions. The records indicate that the patient had already completed years of evaluation and treatment by Behavioral medicine specialists. There are past documentation of recommendation for antidepressant medications and behavioral therapy. The patient had completed many investigations, intervention pain treatments and surgeries by multiple specialists. The records did not show recent exacerbation of the medical

conditions or re-injury that did not respond to treatment by the primary treating physician. The record did not show that the patient was still utilizing anti-convulsant and anti-depressant co-analgesic medications and home exercise program that was recommended following previous consultations by other specialists. The criteria for Psychiatry Consult were not met.

Neurology consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Office visits.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): References. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Referral Specialists.

Decision rationale: The CA MTUS and the ODG guidelines recommend that patient can be referred for evaluation and treatment to other specialists when the condition is too complex or additional expertise is necessary to address specific medical conditions. The records indicate that the patient had already completed years of evaluation and treatment by a Neurologist. The patient had completed many investigations, intervention pain treatments and surgeries by multiple specialists. The records did not show recent exacerbation of the medical conditions recent onset neurological deficit that did not respond to treatment by the primary treating physician. The record did not show that the patient was still utilizing anti-convulsants, anti-depressant co-analgesic medications or other treatment measures that was recommended following previous consultations by other specialists. The criteria for Neurologist Consult were not met.

Vascular consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Office visits.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Referrals - Specialists.

Decision rationale: The CA MTUS and the ODG guidelines recommend that patient can be referred for evaluation and treatment to other specialists when the condition is too complex or additional expertise is necessary to address specific medical conditions. The records indicate that the patient had already completed years of evaluation and treatment by a vascular specialist. The patient had completed many angiography investigations, intervention procedures and surgeries by multiple specialists. The records did not show recent exacerbation of the medical conditions or re-injury that did not respond to treatment by the primary treating physician. The record did not show that the patient was still utilizing medications and other treatment measures that was recommended following previous consultations by other specialists. The criteria for Vascular Consult were not met.