

Case Number:	CM13-0003764		
Date Assigned:	11/20/2013	Date of Injury:	04/24/2003
Decision Date:	02/06/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	07/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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 37-year-old female who has filed a claim for chronic neck, myofascial pain, and muscle pain reportedly associated with an industrial injury of April 24, 2003. Thus far, the applicant has been treated with the following: analgesic medication; unspecified amounts of myofascial release therapy and massage therapy; and unspecified amounts of cervical traction. In a Utilization Review Report of July 11, 2013, the claims administrator modified a request for six sessions of massage therapy, certifying instead four sessions of massage therapy. Six sessions of acupuncture, conversely, were not certified. The applicant subsequently appealed. An earlier handwritten progress report of June 13, 2013 is notable for comments that the applicant reports persistent neck and upper back pain. She is only receiving temporary relief with a TENS unit. There is some upper back pain. Acupuncture is reportedly giving her longer-term relief. She is also receiving massage therapy, it is further noted. It has been recommended that she continue massage therapy and a home exercise program while returning to regular duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy, 1 per month for 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted in the MTUS, massage therapy should be considered an adjunct to other recommended treatment such as home exercises and should be limited to four to six visits in most cases. In this case, the claims administrator has already recently issued a certification for four sessions of massage therapy. Continued reliance on passive treatments and passive modalities is not recommended, per the MTUS guidelines, which suggest that passive therapy such as massage should be used "sparingly." For all of these reasons, then, the request for additional massage therapy is not certified.

Acupuncture therapy, 1 per month for 6 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in the guidelines, acupuncture treatments may be extended if there is evidence of functional improvement as defined by the MTUS. In this case, however, the applicant has seemingly reached a plateau in terms of the parameters established by the guidelines for measuring functional improvement. While the applicant has returned to regular duty work, she remains highly reliant on various medical treatments, including passive modalities which include transcutaneous electrotherapy, massage, etc. Despite the applicant's having completed prior unspecified amounts of acupuncture, the documentation does not demonstrate evidence of functional improvement. Therefore, the request for additional acupuncture is not certified.