

Case Number:	CM13-0037201		
Date Assigned:	06/09/2014	Date of Injury:	01/04/2006
Decision Date:	07/24/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	09/30/2013

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 Emergency 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:

Patient reported date of injury on 1/4/2006 with no mechanism of injury provided. Patient has a diagnosis of postlaminectomy syndrome of cervical region (date of surgery was not provided), cervicgia, degenerative disc disease of cervical spine, cervical disc displacement, lumbar disc displacement, lumbar degenerative disc disease, hypertension and depression. Several medical records from primary treating physician and consultants reviewed. Last report available until 11/15/13. There is a report on 5/22/13 that reports that there was a request for massage and acupuncture therapy. However, it appears from the record that patient (pt) has had unknown number of prior sessions in the past that supposedly improved function and pain. Note on 11/15/13 mentions denial about the requested massage and acupuncture but there is no clarification of issues that the prior reviewer had. Pt continues to complains of pain to bilateral arms, right leg, neck, bilateral shoulder, bilateral buttocks, thoracic spine and low back. Pain is constant. Spasms is constant, pain worsens with any activity. Improved with heat and sleep only. Pain is 8/10 and worsens to 10/10. Pain is 7/10 with medication. Objective exam reveals no distress or pain, normal gait and posture. Decreased range of motion of spine (amount is not documented), numbness in bilateral upper extremities (location is not documented). No advance imaging or electrodiagnostic tests were provided. Current medications include norco, baclofen, flector, motrin and senokot. Utilization review is for massage therapy x8 and acupuncture x8. Prior UR on 9/24/13 denied both requested therapies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Message therapy times 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

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

Decision rationale: As per MTUS Chronic pain guidelines, massage therapy may be effective in chronic pain but should be used with other therapies such as exercise. Current guidelines only recommend 4-6 visits. The authorization request claims that the therapy (unknown which) increase range of motion (ROM), activity of daily living (ADLs) by 60% lasting for 1 week and decreases narcotic use. There is no proper documentation of number of massage sessions that patient has completed and there is a lack of objective documentation. The documentation does not meet the MTUS definition of "Functional Improvement". There is no documentation of actual significant ADLs (60% as documented by the treating physician is not clear and not descriptive) and there is no change in patient's work capability documented. Pt has completed an unknown number of massage therapy sessions. The 2 prior requested sessions were for 8 sessions each. Pt has likely exceeded the number of sessions recommended by MTUS guidelines and the number of requested sessions on this request also exceed recommendations. The requested 8 session of Massage therapy is not medically necessary.

Acupuncture times 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As per MTUS Acupuncture guidelines, acupuncture may be considered under certain criteria. Pt has had several unknown number of acupuncture sessions in the past. The authorization request claims that the therapy (unknown which) increase range of motion (ROM), activity of daily living (ADLs) by 60% lasting for 1 week and decreases narcotic use. The documentation does not meet the MTUS definition of "Functional Improvement". There is no documentation of actual significant ADLs (60% as documented by the treating physician is not clear and not descriptive) and there is no change in patient's work capability documented. The pain relief is also transient. The documentation does not support continued acupuncture. Acupuncture is not medically necessary.