

Case Number:	CM13-0043041		
Date Assigned:	12/27/2013	Date of Injury:	05/24/2006
Decision Date:	02/20/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/22/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 patient is a 56-year-old female with date of injury on 05/24/2006. The progress report dated 09/30/2013 by [REDACTED] indicates that the patient's diagnosis include 7 years status post anterior cervical fusion, C3-C7, with corpectomy at C6. The patient continues with residual axial neck pain and occasional numbness and tingling in the 1st and 2nd digits of her hand. The patient continues with her current employment and seems to receive significant benefit from occasional visits with acupuncture every 6 months. Physical exam findings include stable and steady gait, neurovascular exam is intact in the upper extremities. A request was made for additional 8 visits of acupuncture. It was noted that she has quite good results with this and is only requiring these visits every 6 months. She continues to have low narcotic requirements and is maintaining her current work schedule. The patient was given a prescription of Norco #120, Norflex #60 with 2 refills and Naprosyn #60 with 3 refills. This was a 6-month supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to the neck QTY 8.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient continues with persistent neck pain. She is 7 years status post cervical fusion and corpectomy. She is stable on her medication regimen and continues to have a high level of functioning including maintaining her current work schedule. The progress reports indicate that the patient reports significant benefit from occasional visits of acupuncture every 6 months. Acupuncture Medical Treatment Guidelines state that acupuncture treatments may be extended if functional improvement is documented as defined in section 9792.20. It appears this patient has been able to maintain a low level of narcotic medication as well as continue to work full time. The treating physician indicated the patient's follow-up appointment was not for another 6 months, sooner if needed. This would appear to indicate this patient has good functional benefit with the requested treatment plan. Therefore, authorization is recommended.

Massage Therapy to the neck QTY 8.00: 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 Chronic Pain Section has the following regarding massage therapy Page(s): 60.

Decision rationale: The patient does have continuation of neck pain. However, the 2 medical records review dated 09/30/2013 and 04/05/2013 by [REDACTED] did not mention prior massage therapy visits and functional benefit gained from such visits. MTUS, page 60, regarding massage therapy states that this treatment should be an adjunct to other recommended treatment (example exercise), and it should be limited to 4 to 6 visits in most cases. The requested 8 sessions of massage therapy exceeds the 4 to 6 visits recommended by MTUS. Therefore, recommendation is for denial.