

Case Number:	CM13-0050978		
Date Assigned:	12/27/2013	Date of Injury:	10/22/1999
Decision Date:	04/29/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/13/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

The patient is a 53 year old female with a date of injury 10/22/99. The patient has neck, low back, and bilateral upper extremity pain. Per a 10/30/13 primary treating physician progress report the patient's diagnoses include chronic neck pain with degenerative disc disease and chronic tension headache. Repetitive stress injury of both upper extremities and shoulders, chronic low back pain with degenerative disc disease, prior history of non industrial migraine headache, difficulty with adjustment to pain and disability, anxiety, depression, gastritis, irritable bowel syndrome, anemia, nausea and vomiting, which may be secondary to Metaxalone, improved with Promethazine, possible nonindustrial right foot plantar fasciitis. There is a 10/30/13 primary treating physician progress note and authorization request. The document states that the patient is at the office follow-up of her neck, bilateral upper extremity, low back pain and headache. She started the approved massage therapy. She has four sessions left. She completed acupuncture, eight sessions October 29, 2013. The patient feels that massage therapy and acupuncture together help with her headaches. She is able to do more around the house, help her daughter with homework and have more patience with her daughter. On physical examination sit to stand and gait are within normal limits. There is a tender trapezius. There is a record review that states that there is a 10/29/13 record that that after acupuncture treatment, the patient's pain decreases from 8/10 to 6/ 10 for three or four days. The headaches are not as frequent. A 3/13/13 progress note from the primary treating physician states that patient completed 1 massage therapy session of the 8 authorized an 8 acupuncture sessions. A 5/22/13 progress report from the primary treating physician states that the patient had 3 acupuncture sessions but did not have more massage sessions since the facility was waiting on payment for

treatments from last year. A 6/26/13 progress report from the primary treating physician states that patient had 8 sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT ACUPUNCTURE SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Eight acupuncture sessions are not medically necessary per the MTUS guidelines. Per the guidelines the time to produce functional improvement is 3-6 treatments. The guidelines state that acupuncture treatments may be extended if functional improvement is documented. The patient has exceeded the recommended treatments per documentation and has not demonstrated significant sustained functional improvement including change in work status, or sustained decrease in pain. There are no extenuating circumstances that necessitate additional acupuncture sessions therefore the request for 8 acupuncture sessions is not medically necessary.

EIGHT MASSAGE THERAPY SESSIONS: Upheld

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

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

Decision rationale: Eight (8) massage therapy sessions are not medically necessary as written per the MTUS guidelines. The patient has had one massage therapy session so far per documentation. The guidelines recommend massage therapy an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. There are no extenuating circumstances documented as to why the patient needs to exceed guideline recommendations. The request as written for 8 massage therapy sessions is not medically necessary.