

Case Number:	CM13-0063728		
Date Assigned:	12/30/2013	Date of Injury:	01/07/2013
Decision Date:	04/14/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/10/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 66-year-old male who reported an injury on 01/07/2013. The patient was reportedly injured when he was struck by a pallet of heavy boxes. The patient is currently diagnosed with chest contusion injury, head trauma/brain injury, rib fracture, cervical sprain injury, and thoracic sprain injury. The patient was seen by [REDACTED] on 10/21/2013. The patient reported persistent pain involving the neck, mid back, chest, rib, and head. The patient has participated in electro-acupuncture treatment. Physical examination revealed improved cervical and thoracic range of motion, 5/5 motor strength, localized tenderness and 2+ deep tendon reflexes. Treatment recommendations included continuation of electro-acupuncture treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRO-ACUPUNCTURE TWICE A WEEK FOR SIX WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines states acupuncture with electrical stimulation is used to increase effectiveness of the needles by continuous stimulation of the acupoints. Frequency and duration of treatment includes 3 to 6 treatments over 1 to 3 times per week. The

current request for 12 sessions of acupuncture treatment exceeds guideline recommendations. Additionally, there is no documentation of the patient's previous participation in electroacupuncture with evidence of objective functional improvement. Based on the clinical information received, the request is non-certified.

INFRARED MYOFASCIAL RELEASE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: California MTUS/ACOEM Practice Guidelines state there is no high grade evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat and cold applications, massage, cutaneous laser treatment, ultrasound, and TENS therapy. Palliative tools may be used on a trial bases but should be monitored closely. As per the documentation submitted, the patient's physical examination did not reveal significant musculoskeletal or neurological deficits. There is also no indication of this patient's active participation in a physical therapy or active modality program. Based on the clinical information received, the request is non-certified.

EIGHT (8) SESSIONS OF PHYSICAL THERAPY TO THE UPPER BACK AND NECK:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. As per the documentation submitted, the patient has completed a previous course of physical therapy. Documentation of the patient's previous participation in physical therapy was not provided. The patient's physical examination does not reveal significant musculoskeletal or neurological deficits that would require ongoing therapy. Based on the clinical information received, the request is non-certified.