

Case Number:	CM13-0065364		
Date Assigned:	01/03/2014	Date of Injury:	01/07/2013
Decision Date:	04/17/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/13/2013

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 Anesthesiology and Pain 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 patient is a 67-year-old male who reported an injury on 01/07/2013. The patient was seen on 09/23/2013, where it was noted that a recent trial of electro-acupuncture treatment had been helpful as the patient noticed functional improvement and decreased neck and mid back pain. The patient also reported less cramping and more flexibility and was doing better at performing self care activities. The objective findings noted improvement in the cervical and thoracic range of motion, with motor strength rated at 5/5 in both upper extremities, with some local tenderness in the right rib region as well as deep tendon reflexes at 2/2. The patient was most recently seen on 12/11/2013, where the patient was noted to have continued improvement in cervical and thoracic range of motion, with motor strength at 5/5 in both upper extremities, with continued local tenderness in the right rib region, as well as the deep tendon reflexes 2/2

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro-Acupuncture two (2) times a week for six (6) weeks and infrared myofascial release: Upheld

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

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

Decision rationale: The Acupuncture Medical Treatment Guidelines indicate that patients are recommended three to six (3 to 6) treatments to produce functional improvement, with additional treatments indicated for patients who have shown functional improvement. However, the patient was noted to have already undergone approximately thirty (30) sessions of acupuncture treatments. At this time, the patient should be able to transition into a home exercise program. Therefore, the medical necessity for ongoing treatments with the electro-acupuncture cannot be established. Pertaining to the myofascial release, the Chronic Pain Guidelines indicate that massage therapy is recommended as an option that should be used in adjunct to other recommended treatments, for example, exercise and should be limited to four to six (4 to 6) visits in most cases. In the case of this patient, although six (6) sessions of massage therapy are within guideline criteria, the current clinical documentations do not provide a thorough rationale for a medical necessity with the use of massage therapy to treat the patient. With only noted local tenderness in the right rib region (which has been an ongoing complaint since the patient's initial injury), and with the electro-acupuncture not having been authorized, the requested service for myofascial release cannot be supported at this time. As such, the requested services are non-certified

Request for eight (8) physical therapy sessions for 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 Physical Medicine Page(s): 98-99.

Decision rationale: The Chronic Pain Guidelines indicate that 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. In the case of this patient, the most current clinical documentation does not indicate that the patient has any functional deficits in regards to his injury. Therefore, the medical necessity for physical medicine/active therapy times eight (8) for the upper back cannot be supported at this time. As such, the requested service is non-certified