

Case Number:	CM13-0066623		
Date Assigned:	01/03/2014	Date of Injury:	08/02/2012
Decision Date:	06/23/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/16/2013

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 Occupational Therapy, 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:

This is a 44 year old male who has reported neck, back, and extremity pain after an injury on August 2, 2012. Initially he was diagnosed with possible compression fractures at T11 and T12. Subsequent diagnoses have included headaches, rotator cuff injury, radiculopathy, spine strain/sprain, carpal tunnel syndrome, and hip contusion. He has been treated with medications, physical therapy, acupuncture, TENS (transcutaneous electrical nerve stimulation), and injections. 12 visits of acupuncture were prescribed on June 7, 2013. On November 8, 2013, the treating physician noted visit #7 of acupuncture, ongoing severe pain, and treatment which included acupuncture, massage, and infrared. Pain medications were ongoing. Work status was modified, and unchanged over the last few months. Per a Request for Authorization from November 12, 2013, 6 additional acupuncture visits were requested. On November 27, 2013, Utilization Review non-certified additional acupuncture due to lack of functional improvement as is necessary per the MTUS recommendations. This Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) ADDITIONAL SESSIONS OF ACUPUNCTURE CARE FOR THE CERVICAL AND LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Acupuncture Medical Treatment Guidelines

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Massage therapy Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Infrared therapy

Decision rationale: The prescription for additional acupuncture is evaluated in light of the Chronic Pain Medical Treatment Guidelines recommendations for acupuncture, including the definition of "functional improvement". Medical necessity for any further acupuncture is considered in light of "functional improvement". Since the completion of the previously certified acupuncture visits, the treating physician has not provided evidence of clinically significant improvement in activities of daily living or a reduction in work restrictions. Work status is unchanged. There is no evidence of a reduction in the dependency on continued medical treatment. No additional acupuncture is medically necessary based on lack of functional improvement as defined in the MTUS Guidelines. The treating physician is also recommending infrared therapy. The MTUS Guidelines do not provide direction for infrared therapy. The Official Disability Guidelines, cited above, state that this therapy is not recommended over any other heat therapy, and that when indicated, is for treating acute low back pain along with an evidence-based exercise program. This injured worker does not have acute back pain and there is no evidence of an evidence-based exercise program. The treating physician is also recommending "massage". The MTUS Guidelines provide limited support for massage therapy in cases of chronic pain. Massage should be used in conjunction with exercise, and treatment is recommended for a limited time only. The MTUS Guidelines recommend four to six visits of massage therapy, and cautions against treatment dependence. Given the seven acupuncture visits to date, it is most likely that the injured worker has already exceeded the recommended four to six visit maximum. The treating physician has not described a specific exercise program to be pursued during the course of massage therapy. The request for six additional sessions of acupuncture care for the cervical and lumbar spine is not medically necessary or appropriate.