MAXIMUS Federal Services

Case Number:	CM13-0070752		
Date Assigned:	02/05/2014	Date of Injury:	10/16/2012
Decision Date:	06/13/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/26/2013

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 & Rehabilitation 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:

The injured worker is a year female with a reported injury date in 10/16/2012; the mechanism of injury was not provided. An operative report dated 08/22/2013 noted that the claimant underwent a C4-C5 anterior cervical discectomy, decompression and fusion. The clinical note dated 01/28/2014 noted that the claimant underwent an acupuncture treatment that resulted in an increase of symptomatology of the left side of the neck and left trapezius area; described as symptomatology related to prior cubital tunnel syndrome. Pain was rated at 5-6/10. Objective findings included tenderness of both trapezius, full cervical range of motion, and 2+ and symmetric deep tendon reflexes throughout. The request for authorization form is for a cervical pillow, a cervical traction device, and massage/acupuncture therapy once a week for 6 to 8 weeks were submitted on 12/05/2103.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CERVICAL TRACTION DEVICE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Neck and Upper Back(Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Back, Traction.

Decision rationale: The Official Disability Guidelines recommend the use of a home cervical patient controlled traction device for injured workers with radicular symptomatology, in conjunction with a home exercise program. The documentation provided did not show adequate evidence that the injured worker had symptomatology related to radiculopathy. Additionally, it has not been established that the injured worker is undergoing a home exercise program in conjunction with the requested device. The request for 1 cervical traction device is not medically necessary and appropriate.

8 MASSAGE/ACUPUNTURE THERAPY SESSIONS: Upheld

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

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

Decision rationale: The California MTUS guidelines state that massage therapy is recommended as an option for as an adjunct therapy to relieve acute postoperative pain and should be limited to 4 to 6 visits. The medical necessity for massage therapy has not been established as the injured worker is no longer considered to be in the acute phase postoperatively. Additionally, the request exceeds the recommended guidelines for total treatments. The MTUS guidelines also state that acupuncture can be used as an option when pain medication is reduced or not tolerated and/or used as an adjunct to physical rehabilitation. The MTUS guidelines recommend up to 6 treatments to improve functional improvement which includes a significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. In this case, there is no documented evidence that the injured worker has decreased medication use and/or could not tolerate their medication regiment. Additionally, there is no evidence that the injured work will conduct physical therapy as an adjunct to this request. Furthermore, the request Final Determination Letter for IMR Case Number CM13-0070752 4 exceeds the recommended exceeds the recommended guidelines for total treatments. The request for 8 massage/acupuncture therapy sessions is not medically necessary and appropriate.