

Case Number:	CM13-0071820		
Date Assigned:	01/08/2014	Date of Injury:	02/11/2010
Decision Date:	06/27/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/30/2013

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, Pain Medicine 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 injured worker is a 65 year old female who reported an injury on 02/11/2010 due to an unknown mechanism. Clinical note dated 12/03/2013 reported that the injured worker's right knee is giving out due to overcompensating for the inability to use the lower left extremity. The physical exam findings presented in the cervical spine was tender paravertebral muscles and restricted range of motion and the lumbar spine has a positive straight leg raise. The provider recommended acupuncture with deep tissue massage 2 times a week for 4 weeks for the lumbar/cervical spine and left leg. The request for authorization form is undated, and included in this review. .

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE WITH DEEP TISSUE MASSAGE TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE LUMBAR/CERVICAL SPINE AND LEFT LEG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Acupuncture Medical Treatment Guidelines as well as Chronic Pain Medical Treatment Guidelines,.

Decision rationale: The request for Acupuncture with deep tissue massage 2 times a week for 4 weeks for the lumbar/cervical spine and left leg is not medically necessary. The Acupuncture Medical Treatment guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The California MTUS recommends this treatment to be used in adjunct to other recommended treatment. The medical documents are unclear as to what conservative treatments are being done. There is also no documentation about the amount of previous chiropractic treatment. As such the request is not medically necessary.