

<b>Case Number:</b>	CM14-0011345		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	02/11/2007
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 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:

Patient is a 62-year-old-male who has submitted a claim for cervical pain, cervical spondylosis, cervical degenerative disc disease, cervical radiculitis and cervical spondylosis associated with an industrial injury date of 2/11/2007. Medical records from 2009- 2013 were reviewed which showed consistent neck, upper extremity, posterior deltoid and posterior inferior armpit pain. Pain was described as dull with some numbness in hand. Pain scale was 6/10 with medications. Exacerbating factors consist of cold weather, movement, standing, lifting and driving. Relieving factors consist of analgesics, massage, rest and physical therapy. Physical examination revealed diminished ROM of cervical spine from external, lateral bending and rotation. Phalens test, Tinel test, Median nerve compressions and Finkelstein tests were all negative. Froment's test was normal. Spurlings test was positive. Treatment to date has included physical therapy sessions with massage, TENS unit, acupuncture sessions, chiropractic-cervical traction and epidural injections. Medication taken was Gabapentin 300 mg/tab. Utilization review date of 1/23/2014 denied the requests for myofascial massage sessions, acupuncture sessions and urine drug screen. Regarding myofascial massage, it was denied because guidelines only recommend massage sessions when accompanied by exercise and should be limited to 4-5 visits. There was no objective evidence of derived functional benefit noted from previous massage therapy sessions. Regarding acupuncture sessions, it was denied because guidelines do not recommend acupuncture for neck pain. Lastly, urine drug screen was denied because there was no documentation that the patient was non-compliant with medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MYOFASCIAL MASSAGE SESSIONS QTY:10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MESSAGE THERAPY Page(s): 60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Massage Section, Page(s): 60.

**Decision rationale:** As stated on page 60 of CA MTUS Chronic Pain Medical Treatment Guidelines, massage therapy should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Massage therapy lacks long-term benefit and does not address the underlying causes of pain. In this case, submitted documents did not provide exact number of massage therapy sessions done in the past. Moreover, there was no mention regarding improvement from previous massage therapy. The present request likewise failed to specify the body part to be treated. Therefore, the request for 10 sessions of myofascial massage sessions is not medically necessary.

**ACUPUNCTURE SESSIONS QTY: 10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** CA MTUS 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 to hasten functional recovery. The time to produce functional improvement is after 3-6 treatment sessions with an optimum duration of 1-2 months. In this case, patient already had acupuncture sessions. However, documents provided did not mention the total number of sessions done. Furthermore, functional improvements from the previous acupuncture sessions were not mentioned. The present request likewise failed to specify the body part to be treated. Therefore, the request for 10 sessions of acupuncture therapy is not medically necessary.

**URINE DRUG SCREEN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Page(s): 43.

**Decision rationale:** As stated on page 43 of the California MTUS Chronic Pain Medical Treatment Guidelines, urine drug testing is recommended as an option to assess opioid medical management and screen for misuse or addiction. In this case, patient's medical records did not

mention any intake of opioids. Furthermore, there is no documentation concerning patient's use of illicit drugs or non-compliance with prescription medications. Therefore, the request for urine drug screen is not medically necessary.