

Case Number:	CM14-0015689		
Date Assigned:	03/03/2014	Date of Injury:	05/01/2013
Decision Date:	07/25/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	02/07/2014

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 Occupational 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 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 53-year-old male who has submitted a claim for cervical spondylosis, cervical radiculopathy, polyneuropathy, lumbar spondylosis with radiculopathy, plantar fasciitis, and myalgia associated with an industrial injury date of 05/01/2013. Medical records from 2013 were reviewed. Patient complained of neck pain, graded 8/10 in severity, radiating to the left upper extremity, associated with numbness. Pain was described as pins and needles sensation, dull, throbbing, and cramping. Aggravating factors included bending, twisting, and lifting objects. Patient likewise reported episodes of left temporal headaches radiating to the left shoulder. Physical examination of the cervical spine showed restricted range of motion and tenderness. Motor strength at left biceps was graded 5-/5. Sensation was diminished at 4th and 5th digits. Reflexes were normal. Impingement test was negative at the left shoulder. Left biceps tendon was tender. EMG/NCV from 12/09/2013 showed mild sensory peripheral neuropathy of the upper extremities with some slowing of motor latencies of ulnar nerves. There was evidence of cervical radiculopathy or isolated entrapment neuropathy such as carpal tunnel syndrome. MRI of the cervical spine, dated 07/18/2013, showed multilevel severe neuroforaminal stenoses on the left at C3-C4, C4-C5, C6-C7, and C7-T1; and on the right at C5-C6, and C6-C7 levels. There was no mass effect on the spinal cord. Treatment to date has included cervical epidural steroid injection at C7-T1 on 09/18/2013, physical therapy, chiropractic care, and medications. Previous utilization review was not made available in the medical records submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

BOTOX INJECTION AT CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin (Botox; Myobloc) Page(s): 25-26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin Page(s): 25-26.

Decision rationale: According to pages 25-26 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Botox is not generally recommended for chronic pain disorders, tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger point injections. It is only recommended for cervical dystonia. In this case, patient complained of cervical neck pain, as well as, left-sided temporal headaches radiating to the left shoulder. Rationale for the request was not provided. Guidelines clearly state that botox injections are not recommended for headaches and chronic neck pain. There was no discussion concerning need for variance from the guidelines. Therefore, the request for Botox Injection for the Cervical Spine is not medically necessary.

TWELVE (12) ACUPUNCTURE SESSIONS FOR CERVICAL SPINE.: 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 and/or surgical intervention to hasten functional recovery. Acupuncture treatments may be extended if functional improvement is documented. The frequency and duration to produce functional improvement is 3 - 6 treatments, frequency of 1 - 3 times per week, and duration of 1 - 2 months. It may be extended if functional improvement is documented. In this case, patient complained of headaches and chronic neck pain radiating to the left shoulder region. The documented rationale for acupuncture is because of non-certification of physical therapy. However, there was no evidence that patient is actively participating in an exercise program, which is a required adjunct for acupuncture treatment. Moreover, the present request for 12 sessions exceeded guideline recommendation of an initial trial of 3 to 6 visits. Guideline criteria were not met. Therefore, the request for Twelve (12) Acupuncture Sessions for the Cervical Spine is not medically necessary.

TWELVE (12) MASSAGE THERAPY VISITS FOR CERVICAL SPINE.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise.

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

Decision rationale: According to page 60 of the 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 is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. In this case, patient complained of headaches and chronic neck pain radiating to the left shoulder region. Massage therapy may be a reasonable option; however, there was no evidence that patient is actively participating in an exercise program, a required adjunct for massage. Moreover, the present request for 12 sessions exceeded guideline recommendation of 4 to 6 visits. Guideline criteria were not met. Therefore, the request for Twelve (12) Massage Therapy Visits for the Cervical Spine is not medically necessary.