MAXIMUS Federal Services

Case Number:	CM14-0126442		
Date Assigned:	08/13/2014	Date of Injury:	01/10/1995
Decision Date:	09/18/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/08/2014

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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas. 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 63-year-old female whose date of injury is 01/10/1995. The mechanism of injury is not described. Diagnosis is post-traumatic syringomyelia of the lower cervical cord, congenital and acquired cervical stenosis, intervertebral disc disease C3-4, C4-5, C5-6, cervicocranial syndrome, cervicobrachial syndrome, cervicothoracic myofascial pain syndrome, and multiple intervertebral joint dysfunctions of the cervical and thoracic spine. The injured worker has completed approximately 44 acupuncture visits and 37 massage sessions in the past 12 months. The submitted records indicate that the injured worker experienced minimal relief from her neck pain and headache with her last chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manipulation(x1) (DOS 7/2/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: Based on the clinical information provided, the request for manipulation x 1 (DOS 07/02/14) is not recommended as medically necessary. The submitted records indicate

that the injured worker has undergone prior chiropractic treatment and reports that she experienced minimal relief from her neck pain and headache with her last chiropractic treatment. California Medical Treatment Utilization Schedule guidelines support ongoing chiropractic treatment only with evidence of objective functional improvement. Given the lack of documented improvement with chiropractic treatment completed to date, medical necessity is not established. Therefore, this request is medically not necessary.

Chiropractic Visit (x1) DOS 7/2/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: Based on the clinical information provided, the request for chiropractic visit x 1 (date of service 07/02/14) is not recommended as medically necessary. The submitted records indicate that the injured worker has undergone prior chiropractic treatment and reports that she experienced minimal relief from her neck pain and headache with her last chiropractic treatment. California Medical Treatment Utilization Schedule guidelines support ongoing chiropractic treatment only with evidence of objective functional improvement. Given the lack of documented improvement with chiropractic treatment completed to date, medical necessity is not established.

MFR (x1) DOS 7/2/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: Based on the clinical information provided, the request for MFR x 1 (date of service 07/02/14) is not recommended as medically necessary. The submitted records indicate that the injured worker has undergone prior chiropractic treatment and reports that she experienced minimal relief from her neck pain and headache with her last chiropractic treatment. California Medical Treatment Utilization Schedule guidelines support ongoing treatment only with evidence of objective functional improvement. Given the lack of documented improvement with treatment completed to date, medical necessity is not established. Additionally, there is no clear rationale provided to support passive treatment at this time over 19 years post date of injury. Based on the clinical information provided, the request for MFR x 1 (date of service 07/02/14) is not recommended as medically necessary.

Acupuncture Treatment (x3months): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The submitted records indicate that the injured worker has completed 44 acupuncture treatments in the last 12 months. Based on the clinical information provided, the request for MFR x 1 (date of service 07/02/14) is not recommended as medically necessary. Acupuncture Guidelines note that optimum duration of treatment is 1-2 months, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. Based on the clinical information provided, the request for acupuncture treatment x 3 months is not recommended as medically necessary.

Myofasical Release Massages (x3/month): 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: Based on the clinical information provided, the request for myofascial release massage x 3/month is not recommended as medically necessary. The submitted records indicate that the injured worker has completed 37 massage sessions in the past 12 months. California Medical Treatment Utilization Schedule guidelines note that this treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. 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. Therefore, medical necessity is not established for ongoing massage therapy. Therefore this request is not medically necessary.