

Case Number:	CM14-0169957		
Date Assigned:	10/20/2014	Date of Injury:	11/07/2008
Decision Date:	11/20/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/15/2014

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 Family 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:

This is a 40-year-old female who sustained multiple work related injuries during the time frames of 01/01/2007 - 11/07/2008 and 1/01/2011 - 09/09/2014. The nature of these work related injuries is further defined in the documentation as multiple injuries to multiple body parts due to continuous work related trauma. Injury to the right wrist, right elbow, and right upper extremity was stated to have occurred from 01/01/2007-11/07/2008. Another injury is stated to have occurred on 07/06/2010 and caused injury to the neck, bilateral shoulders, left arm, left upper extremity, and low back. This same injury is also noted to have caused the patient headaches. A third injury is claimed to have occurred from 1/01/2011 - 09/09/2014 and to have also caused headaches with neck pain, bilateral shoulder pain, bilateral pain to the following body parts: wrists, hands, fingers, arms pain, upper extremities, and hips. It is also stated to have caused low and mid back pain, and right lower extremity pain. This patient's diagnoses included: thoracic sprain, lumbar pain, neck pain, and bilateral shoulder post-traumatic arthrosis. The mechanism of all of these injuries is only vaguely described in the documentation as continuous work related trauma. The patient is still working for her pre-injury employer. She has previously undergone a cervical and lumbar spine x-ray, both of which were interpreted as normal. She also had a bilateral shoulder x-ray, which showed early post-traumatic arthrosis of the acromioclavicular joint. She also had an MRI of the left shoulder, which showed minimal osteoarthritic changes to the acromioclavicular joint with supraspinatus tendinopathy. She has also previously had a right hip x-ray that was read as normal. Prior treatment has included physical therapy, and acupuncture that was prescribed for the purpose of reducing headaches and stress. She declined oral medications and injections, opting for homeopathic treatment only. On 09/25/2014, due to complaints of ongoing pain, the patient was evaluated by an orthopedist who recommended MRI's of the cervical spine, lumbar spine, bilateral shoulders, and bilateral hips. He also

recommended electrodiagnostic studies of the upper and lower extremities. It was also documented by this orthopedic specialist that the patient needed treatment for stress, anxiety, and depression. He also referred her for a Rheumatologic evaluation. None of the results of the studies ordered by neither the Orthopedist nor the Rheumatologist consultation note are available for review in the included medical records. It is at this point that chiropractor, acupuncture, and massage therapy visits have been requested. The disputed issue is whether or not 12 chiropractor visits (2x/week over 6 weeks,) 12 acupuncture visits (2x/week over 6 weeks,) and massage therapy are medically necessary. The first medical reviewer did not certify these treatment modalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic; twelve (12) visits (2x week for 6 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and manipulation Page(s): 92-94.

Decision rationale: In accordance with California Chronic Pain MTUS guidelines, chiropractor treatments and similar manual medicine treatments are recommended in low back pain with an initial trial of 6 visits over 2 weeks with continued therapy being based off evidence of objective functional improvement. This patient's physician requested 12 visits at 2x/week for 6 weeks, which is not supported by the MTUS guidelines. Likewise, the requested chiropractor treatments are not medically necessary.

Acupuncture; twelve (12) visits (2x week for 6 weeks): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Methods Page(s): 357, 322.

Decision rationale: In accordance with California Chronic Pain MTUS guidelines, acupuncture has not been found effective in the management of back pain. Regarding acupuncture for symptoms control of forearm, wrist, and hand complaints MTUS states that there is insufficient high quality evidence to support its use. In this patient's case, 12 acupuncture visits were requested over a 6-week period at 2x/week, but what area of the body these acupuncture treatments are going to treat is not discussed. Likewise, the requested acupuncture treatments are not medically necessary.

Massage therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Page(s): 94.

Decision rationale: In accordance with California Chronic Pain MTUS guidelines, massage therapy can be used as an adjunct to other recommended treatment modalities, but should be limited to 4-6 visits in most cases. MTUS guidelines do note that scientific studies show contradictory results, but do also note that the strongest evidence for benefits from massage is in the reduction of stress and anxiety. This patient is noted to have problems with stress and anxiety, but the request for massage is very nonspecific. No specific number of treatments was requested. Likewise, the requested massage therapy is not medically necessary.