MAXIMUS Federal Services

Case Number:	CM14-0171342		
Date Assigned:	10/23/2014	Date of Injury:	01/24/2000
Decision Date:	11/21/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/16/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 66 year old with an injury date on 1/24/00. Patient complains of continuing neck pain/stiffness, and tingling of bilateral arms per 9/24/14. Patient has had a recent flare up (location unspecified) per 9/24/14 report. Based on the 9/24/14 progress report provided by [redacted] the diagnoses are: 1. carpal tunnel syndrome2. cervical disc degenerationExam on 9/24/14 showed "decreased cervical range of motion, decreased wrist extension/flexion, decreased grip strength, positive Phalen's." Patient's treatment history is not included in reports. [redacted] is requesting acupuncture 8 visits, chiropractic 8 visits, and deep tissue massage 1 visit. The utilization review determination being challenged is dated 10/7/14 and denies request for massage therapy due to lack of documentation of flare-up, and 14-year chronicity of the case. [redacted] is the requesting provider, and he provided treatment reports from 5/7/14 to 9/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, eight visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture for Neck and Low back Pain.

Decision rationale: This patient presents with neck pain, and tingling in bilateral arms. The treater has asked for acupuncture 8 visits on 9/24/14. A review of the reports does not show any evidence of acupuncture treatments being done in the past. MTUS acupuncture guidelines allow 3-6 sessions of trial before additional treatment sessions are allowed. In this case, the patient has not yet had a trial of acupuncture treatments. A course of 3-6 sessions would be reasonable, but not the requested 8 acupuncture visits. The request is not medically necessary.

Chiropractic, eight visits: 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 Chapter on Manual Therapy and Treatments. Manual therapy & manipulation Page(s): 58, 59.

Decision rationale: This patient presents with neck pain, and tingling in bilateral arms. The treater has asked for chiropractic 8 visits on 9/24/14. A review of the reports does not show any evidence of chiropractic treatments being done in the past. MTUS guidelines allow up to 18 sessions of treatments following initial trial of 3-6 if functional improvements can be documented. As this patient has not yet had a trial of chiropractic treatments, a course of 3-6 chiropractic visits would be reasonable. The requested 8 chiropractic treatments, however, exceeds MTUS guidelines for this patient's condition. The request is not medically necessary.

Deep tissue massage, one visit: Overturned

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 Massage therapy Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Chapter, Massage

Decision rationale: This patient presents with neck pain, and tingling in bilateral arms. The treater has asked for deep tissue massage 1 visit on 9/24/14. Review of the reports do not show any evidence of massage therapy being done in the past. Regarding massage therapy, MTUS recommends as an adjunct to other recommended treatment (e.g. exercise), limited to 4-6 visits in most cases. In this case, the patient has not had recent massage therapy, and the requested deep tissue massage (1 visit) appears reasonable for patient's ongoing neck/arm pain. Request is medically necessary.