

Case Number:	CM14-0182411		
Date Assigned:	11/07/2014	Date of Injury:	06/06/2010
Decision Date:	12/11/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/03/2014

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 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 claimant is a 49 years old female who sustained a work injury on 6-6-10. Office visit on 10-2-14 notes the claimant had ongoing pain to the neck and bilateral upper extremities. On exam, the claimant has tenderness at the cervical spine with myofascial tightness, neurological exam was intact. The claimant is continued on medications and home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro acupuncture 2 x 3, infrared heat 2 x 3- right wrist, shoulder and neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck chapter - heat

Decision rationale: Acupuncture Medical Treatment Guidelines state that acupuncture may be 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. Guidelines state that time to produce functional improvement of 3 - 6 treatments. There is an absence in documentation noting that this claimant is performing adjunct therapy. Therefore, the medical necessity of this request is not established. Regarding infrared therapy, ODG notes that there

insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders, though due to the relative ease and lack of adverse effects, local applications of cold packs may be applied during first few days of symptoms followed by applications of heat packs to suit patient. There is no indication that specialized treatment is needed for heat application. Therefore, the medical necessity of this request is not established.

Myofascial release 2 x 3 in house- right wrist, shoulder and neck: 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 massage therapy Page(s): 60.

Decision rationale: Chronic Pain Medical Treatment Guidelines notes 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. There is an absence in documentation noting that this claimant is performing adjunct therapy. Therefore the medical necessity of this request is not established.

TENS unit trial- right wrist, shoulder and neck: 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 TENS unit. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - TENS unit

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. This modality is recommended for conditions such as spasticity, multiple sclerosis, neuropathic pain, phantom limb pain. There is an absence in documentation she has any of these conditions for which a one month trial would be considered or that she is performing an adjunct therapy program. Therefore, the medical necessity of this request is not established.