

Case Number:	CM14-0186224		
Date Assigned:	11/14/2014	Date of Injury:	03/25/2005
Decision Date:	12/31/2014	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/07/2014

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 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 55 year old with an injury date on 3/25/05. Patient complains of left lower back pain rated 8/10, radiating into bilateral lower extremities, bilateral upper/mid back pain rated 6/10, and posterior cervical pain that occurs when he brings his chin down to chest, rated 3/10 per 8/21/14 report. Based on the 8/21/14 progress report provided by the treating physician, the diagnoses are: 1. LS IVD without myelopathy X3 4.2-4.8mm 2. thoracic s/s 3. lumbar neuritis 4. cervical myofascitis 5. spasm of muscles 6. post op - laminectomy 7. anxiety Exam on 8/21/14 showed "L-spine range of motion restricted, with flexion at 50%. C-spine range of motion mildly restricted, with extension 40/60 degrees." Patient's treatment history includes medication (currently Lisinopril, Hydrocodone, Tramadol, Prilosec, Naproxen, Gabapentin, discontinued Prednisone), and prior acupuncture. The treating physician is requesting myofascial release 1 time for 6 weeks for the lumbar spine. The utilization review determination being challenged is dated 10/9/14. The requesting physician provided a single treatment report from 8/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial Release 1 Time A for 6 Weeks for The Lumbar Spine: 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 Massage therapy Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Chapter, Massage

Decision rationale: This patient presents with back pain and neck pain. The treater has asked for myofascial release 1 time for 6 weeks for the lumbar spine on 8/21/14. Review of the reports do not show any evidence of massage therapy being done in the past, but utilization review letter dated 10/9/14 states that prior myofascial release was done in 2013. Regarding massage therapy, MTUS recommends as an adjunct to other recommended treatment (e.g. exercise), limited to 4-6 visits in most cases, with up to 18 additional visits allowed with evidence of functional improvement. In this case, the patient had prior massage therapy in 2013 but there is no documentation of efficacy. Considering the lack of documentation of functional improvement from patient's prior massage therapy, the requested trial of 6 additional sessions of myofascial release is not medically necessary, per MTUS guidelines. Recommendation is for denial.

Electro Acupuncture 1 Time A Week for 6 Weeks for The Lumbar Spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines Â§9792.24.1. Acupuncture Medical Treatment Guidelines.
http://www.dir.ca.gov/dwc/DWCPropRegs/MedicalTreatmentUtilizationSchedule/MTUS_FinalCleanCopy.doc pg.13 of 127

Decision rationale: This patient presents with back pain and neck pain. The treater has asked for ELECTRO ACUPUNCUTURE 1 Time A Week for 6 Weeks for The Lumbar Spine on 8/21/14. Patient states "when he received acupuncture his symptoms would improve 90% for 1-3 days. After having gone a few months without treatment, his symptoms have deteriorated" per 8/21/14 report. Patient states medication usage also dropped due to acupuncture, and it "increased patient's ability to function" per 8/21/14 report. MTUS acupuncture guidelines allow 3-6 sessions of trial before additional treatment sessions are allowed. In this case, the patient has had unspecified amount of acupuncture treatments (date unspecified). For additional treatments, functional improvement as defined by labor code 9792.20(e) as significant change in ADL's, or change in work status, AND reduced dependence on medical treatments must be documented. The patient did document pain relief and medication reduction. However, there is no specific mentin of an increase in ADLs besides "increased...function." Given the lack of such documentation following recent acupuncture, recommendation is for denial.

Infrared Lamp Acupuncture 1 Time A Week for 6 Weeks for The Lumbar Spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines Â§9792.24.1. Acupuncture Medical Treatment Guidelines.
http://www.dir.ca.gov/dwc/DWCPropRegs/MedicalTreatmentUtilizationSchedule/MTUS_FinalCleanCopy.doc pg.13 of 127

Decision rationale: This patient presents with back pain and neck pain. The treater has asked for INFRARED LAMP Acupuncture 1 Time A Week for 6 Weeks for The Lumbar Spine on 8/21/14. Patient states "when he received acupuncture his symptoms would improve 90% for 1-3 days. After having gone a few months without treatment, his symptoms have deteriorated" per 8/21/14 report. Patient states medication usage also dropped due to acupuncture, and it "increased patient's ability to function" per 8/21/14 report. MTUS acupuncture guidelines allow 3-6 sessions of trial before additional treatment sessions are allowed. In this case, the patient has had unspecified amount of acupuncture treatments (date unspecified). For additional treatments, functional improvement as defined by labor code 9792.20(e) as significant change in ADL's, or change in work status, AND reduced dependence on medical treatments must be documented. The patient did document pain relief and medication reduction. However, there is no specific mention of an increase in ADLs besides "increased...function." Given the lack of such documentation following recent acupuncture, recommendation is for denial.