

Case Number:	CM14-0026298		
Date Assigned:	06/16/2014	Date of Injury:	05/27/2009
Decision Date:	07/31/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/28/2014

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 Illinois. 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 49-year-old male who reported injury on 05/27/2009. The mechanism of injury is unknown. The injured worker complained of neck and radicular pain, as well as lower back pain. Physical examination of the cervical spine revealed normal lordosis, negative Spurling's test, positive tenderness over the paracervical musculature, and positive muscle spasm in the paracervical musculature. The motor strength test was 5/5 to all muscle groups of upper extremities. The range of motion revealed flexion to be normal, extension normal to 30 degrees, lateral bend of 30 degrees, lateral bend of left 30 degrees, rotation to the right 30 degrees, and rotation to the left 30 degrees. The diagnostics include an MRI done on 04/27/2010, which revealed loss of normal cervical curvature with mild spondylosis resulting in diffuse spinal stenosis at C4-5 through C6-7. An electromyography/nerve conduction study (EMG/NCS) obtained on 05/24/2010, which revealed bilateral focal median neuropathy at carpal tunnel. The right was moderate and the left was mild in degree. The injured worker has diagnoses of cervical strain, degenerative disc disease cervical spine, multilevel disc herniation cervical spine, radiculitis left upper extremity, bilateral shoulder impingement syndrome, bilateral shoulder acromioclavicular (AC) joint synovitis, rule out carpal tunnel syndrome, low back pain, herniated disc lumbar spine, radiculitis left lower extremity L4 nerve root distribution, high cholesterol, and high glucose. Past treatments include acupuncture, epidural steroid injections (ESIs), trigger point injections, spinal cord stimulator, stellate ganglion block/sympathetic block, TENS unit, physical therapy, and medication therapy. Medications include Anaprox 550 mg two (2) times a day, omeprazole 20 mg once a day, gabapentin, Celebrex, Wellbutrin, Flexeril, tramadol, Zofran, hyaluronic acid injections, and Sprix. The current treatment plan is for continued acupuncture three (3) times per week for six (6) weeks, for a total of 18 visits. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eighteen (18) continued acupuncture visits three (3) times a week for six (6) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker complained of neck and radicular pain, as well as lower back pain. No measurable pain was documented. The Acupuncture Medical Treatment Guidelines indicate that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is three to six (3 to 6) treatments and acupuncture treatments may be extended if functional improvement is documented, including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The optimum duration is one to two (1 to 2) months. In the submitted report, evidence shows that the injured worker has completed six (6) sessions of acupuncture, with improvement noted in pain. However, the injured worker still has pain, tenderness, and muscle spasms. The submitted report also lacked any evidence as to pain levels, what pain was before acupuncture, and what pain levels were after acupuncture. Given the lack of definitive objective functional improvements, the current request is not supported. There was no evidence of objective functional improvements, or decrease in the injured worker's current medication regimen, which includes Voltran, omeprazole, gabapentin, COX-2 inhibitors, antidepressant, Flexeril, tramadol, and Zofran. Given all the above, the request is not medically necessary.

Eighteen (18) continued deep tissue massage visits three (3) times a week for six (6) weeks: 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 therapy Page(s): 60.

Decision rationale: The injured worker complained of neck and radicular pain, as well as lower back pain. No measurable pain was documented. The Chronic Pain Guidelines recommend massage therapy as an option. This treatment should be an adjunct to other recommended treatment, such as exercise, and it should be limited to four to six (4 to 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. The request submitted is asking for continued deep tissue therapy massage, an additional eighteen (18) visits. The guidelines recommend a limit of four to six (4 to 6) visits in most cases. The guidelines also recommend that massage therapy be short-term, not long-term which is within this case. Furthermore, there was no indication of the injured worker's pain levels before massage therapy and after massage therapy. Deep tissue massage therapy is indicated to address pain. There are no notes in the submitted reports, showing what the injured worker's pain levels were. As such, the request is not medically necessary.