MAXIMUS Federal Services

Case Number:	CM14-0038680		
Date Assigned:	06/27/2014	Date of Injury:	08/10/2010
Decision Date:	08/15/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/02/2014

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 Occupational Medicine 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 37-year-old female who has submitted a claim for lumbosacral radiculitis/neuritis and muscle spasms associated with an industrial injury date of August 10, 2010.Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of knee pain, low back pain, shoulder pain and neck pain. Physical examination revealed an antalgic gait. There was tenderness over the lumbar paravertebral area with spasm noted. Lumbar spine range of motion was limited due to pain. Straight leg raise test was negative. DTRs were full and symmetrical. Sensation and motor strength were normal. Treatment to date has included L5-S1 hemilaminotomy and microdiscectomy (6/2/11), a back brace, physical therapy, acupuncture, myofascial release treatments, and medications, which include Lidoderm patches, Tylenol, Ibuprofen, Lorazepam, Ultram, and Cyclobenzaprine. Utilization review from March 11, 2014 denied the request for Acupuncture 1 x week x 4 months (16 visits) for the lumbar spine because acupuncture guidelines recommend up to 3 to 6 treatments over 1 to 2 months for chronic pain but the patient has already received 8 sessions. The requested additional visits in addition to the previously rendered sessions are more than the guideline recommendations. The request for Myofascial Release 1 x week x 4 months (16 visits) for the lumbar spine was also denied because guidelines recommend that massage therapy should be limited to 4-6 visits in most cases but the patient has already received an unspecified number of myofascial release treatments. The requested additional visits in addition to the previously rendered massage visits are beyond guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 x week x 4 months (16 visits) for the Lumbar Spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the Acupuncture Medical Treatment Guidelines referenced by CA MTUS, acupuncture may be used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines allow the use of acupuncture for a frequency and duration of treatment as follows: time to produce functional improvement 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Additionally, acupuncture treatments may be extended for a total of 24 visits if functional improvement is documented. In this case, the patient has completed 8 sessions of acupuncture. Patient noted pain relief, which according to her allowed decreased intake of pain medications. Review of records also documented evidence of functional and objective improvements such as increase in activities of daily living, increased exercise tolerance, and reduced need for medical care, which further support the patient's reported benefits from treatment. Medical necessity of the requested treatment has been established. Therefore, the request for Acupuncture 1 x week x 4 months (16 visits) for the Lumbar Spine is medically necessary and appropriate.

Myofascial Release 1 x week x 4 months (16 visits) for the Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Physical Medicine Page(s): 60, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy.

Decision rationale: According to page 60 of the CA MTUS Chronic Pain Medical Treatment Guidelines, massage therapy is recommended as an option and should be an adjunct to other recommended treatment and it should be limited to 4-6 visits in most cases. Official Disability Guidelines recommend 10 visits over 8 weeks for lumbar sprains and strains and intervertebral disc disorders without myelopathy. In this case, the patient has already completed an unknown number of myofascial release treatments and PT sessions dating back to 2010 following the injury. Myofascial release treatments have decreased her pain level and have allowed her to decrease or maintain the level of medication use for analgesia. However, it is unclear if she currently has a home exercise program, which is a required adjunct to massage therapy. Furthermore, the requested number of therapy sessions exceeds guideline recommendations. Therefore, the request for Myofascial Release 1 x week x 4 months (16 visits) for the Lumbar Spine is not medically necessary and appropriate.