

Case Number:	CM14-0049656		
Date Assigned:	07/07/2014	Date of Injury:	11/28/2008
Decision Date:	08/06/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/17/2014

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 Chiropractic and Acupuncture 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 injured worker is a 55 year old male who reported neck, shoulder and low back pain from injury sustained on 11/28/08. Patient was involved in a motor vehicle accident due to the power to the brakes and steering being lost. Patient is diagnosed with neck pain and shoulder pain. CT scan of the lumbar spine revealed L3-5 spinal stenosis and L5-S1 disc bulging with protrusion. Patient has been treated with medication, acupuncture. Per medical records dated 03/04/14, patient returns after 8 months. He complains of neck and shoulder pain. Patient would like 6 acupuncture treatments. Per physician notes I advised him that typically acupuncture and massage therapy are not the types of modalities that are felt to be effective in treatment of long-term chronic pain such as his and that he has had these types of treatments in the past but have not given any long term benefit, although they do seem to help him transiently. Patient insists on requesting acupuncture treatment. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Acupuncture treatments for neck/shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

Decision rationale: Per MTUS: Chronic Pain Medical Treatment Guidelines: Massage therapy page 60- This treatment should be an adjunct to other recommended treatment, and should be limited to 4-6 visits in most cases. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. This lack of long-term benefits could be due to short treatment period or treatments such as these do not address the underlying causes of pain. Per medical notes dated 03/04/14, patient has had these types of treatments in the past but has not given any long-term benefit, although they do seem to help him transiently. Patient has not had any benefit from previous treatment; therefore, per review of evidence and guidelines, 6 acupressure treatments are not medically necessary.