

Case Number:	CM14-0079320		
Date Assigned:	07/18/2014	Date of Injury:	08/24/2010
Decision Date:	08/25/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	05/29/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 58-year-old female with an 8/24/10 date of injury. At the time (5/19/14) of request for authorization for Six (6) Myofascial Release Therapy (done over 6 weeks) and Six (6) Acupuncture sessions, there is documentation of subjective (neck, left hip, and low back pain along with headaches) and objective (tenderness to palpation of the left greater trochanter, spasticity and pain of the cervical and lumbar paraspinal musculature, and limited cervical and lumbar range of motion secondary to pain) findings, current diagnoses (myofascial pain syndrome, lumbar spondylosis, trochanteric bursitis, and sacroiliac pain), and treatment to date (massage therapy and 32 acupuncture that have provided some improvement). The number of previous massage therapy cannot be determined. Regarding myofascial release therapy, there is no documentation that massage therapy is being used as an adjunct to other recommended treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of previous massage therapy. Regarding acupuncture sessions, there is no documentation that acupuncture will be used as an option when pain medication is reduced or not tolerated, used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, 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; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of previous acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Myofascial Release Therapy (done over 6 weeks): Upheld

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

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) Low Back, Massage Therapy.

Decision rationale: MTUS identifies documentation that massage therapy is being used as an adjunct to other recommended treatment (e.g. exercise), as criteria necessary to support the medical necessity of massage therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of objective functional deficits, functional goals and massage used in conjunction with an exercise program, as criteria necessary to support the medical necessity of massage therapy. In addition, ODG recommends a limited course of physical therapy for patients with a diagnosis of lumbago not to exceed 18 visits over 6-8 weeks. Within the medical information available for review, there is documentation of diagnosis of myofascial pain syndrome, lumbar spondylosis, throchanteric bursitis, and sacroiliac pain. In addition, there is documentation of previous massage therapy, objective functional deficits, and functional goals. However, there is no documentation of the number of previous massage therapy sessions. In addition, there was a non-certification of an associated request for aquatic therapy, there is no documentation that massage therapy is being used as an adjunct to other recommended treatment. Furthermore, despite documentation that therapy has provided some improvement, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of previous massage therapy. Therefore, based on guidelines and a review of the evidence, the request for Six (6) Myofascial Release Therapy (done over 6 weeks) is not medically necessary.

Six (6) Acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines identifies 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, 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. In addition, MTUS Acupuncture Medical Treatment Guidelines allow

the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of myofascial pain syndrome, lumbar spondylosis, trochanteric bursitis, and sacroiliac pain. In addition, there is documentation of at least 32 previous acupuncture treatments, which exceeds guidelines. Furthermore, there is no documentation that acupuncture will be used as an option when pain medication is reduced or not tolerated, used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, 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. Lastly, despite documentation that previous treatments provided some improvement, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of previous acupuncture treatments. Therefore, based on guidelines and a review of the evidence, the request for Six (6) Acupuncture sessions is not medically necessary.