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| Case Number: | CM14-0079538 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 05/06/2013 |
| Decision Date: | 08/15/2014 | UR Denial Date: | 05/21/2014 |
| Priority: | Standard | Application Received: | 05/30/2014 |

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 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:

This is a patient with a date of injury of 5/6/13. A utilization review determination dated 5/21/14 recommends non-certification of acupuncture, massage, and physical therapy. It referenced a 4/28/14 medical report identifying that the patient only tolerated 3-4 physical therapy sessions. There were tender cervical muscles on exam. Acupuncture, massage, and physical therapy were recommended. A 4/3/14 medical report identifies neck and left upper extremity pain with paresthasias radiating into the hand involving all digits on the left side. On exam, there is subtle weakness of the hand intrinsic. Recommendation was for an epidural steroid injection (ESI). A 4/11/14 procedure note identifies that an ESI was performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS supports the use of acupuncture for chronic pain, with additional use supported when there is functional improvement documented, which is defined as either a clinically significant improvement in activities of daily living or a reduction in work

restrictions, and a reduction in the dependency on continued medical treatment. A trial of up to six sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, there is documentation of chronic pain and a trial of up to six sessions is supported in order to demonstrate efficacy of the treatment; however, unfortunately, there is no provision for modification of the request from the 8 requested sessions to the 6 initial sessions supported by the California MTUS. In light of the above issues, the request is not medically necessary.

Massage x8: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Within the documentation available for review, it is unclear exactly what objective treatment goals are hoping to be addressed with the currently requested massage therapy and, unfortunately, there is no provision for modification of the request from the 8 requested sessions to the 4-6 sessions supported by the California MTUS. In light of the above issues, the request is not medically necessary.

Physical Therapy x 12 for Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The California MTUS cites that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is documentation of completion of prior physical therapy sessions, but there is no documentation of specific objective functional improvement with the previous sessions, and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the request is not medically necessary.