

Case Number:	CM14-0201058		
Date Assigned:	12/11/2014	Date of Injury:	11/13/2013
Decision Date:	01/29/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/02/2014

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 Physical Medicine Rehabilitation, has a subspecialty in Interventional Spine 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 39 year old male with the injury date of 11/13/13. Per physician's report 10/17/14, the patient has neck pain and lower back pain, radiating down upper/ lower extremities. MRI of the cervical spine from 01/07/14 reveals 1) disc desiccation at C2-3 down to C6-7 2) focal central disc protusion at C3-4, C4-5, C5-6,C6-7. MRI of the lumbar spine from 01/07/14 reveals straightening of the lumbar lordotic curvature. The patient had chiropractic treatment from 09/06/13 and 12/09/13. The patient stated "he didn't feel the therapy was helpful." The lists of diagnoses are:1) Cervical sprain/ strain2) Right shoulder sprain/ strain with biceps tendonitis and early impingement syndrome3) Left wrist scapholunate ligament tear, scapholunate osteoarthritis and radiolunate osteoarthritis4) Thoracic and thoracolumbar sprain/ strain, musculoligamentous5) Lumbar spine sprain/ strain, with mechanical back painPer 10/02/14 progress report, the patient has neck, mid and lower back pain at 9/10. The patient presents limited range of neck, right shoulder or lumbar motion. Per 01/17/14 progress report, the patient has not worked since 12/03/13. The patient requested acupuncture for cervical spine, bilateral shoulder and lumbar spine to reduce pain. The utilization review determination being challenged is dated on 11/10/14. Treatment reports were provided from 01/27/14 to 10/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MASSAGE THERAPY/PT x8 VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy; Physical Medicine Page(s): 60; 98-99.

Decision rationale: The patient presents with pain and weakness in his neck, shoulders, lower back and extremities. The request is for massage therapy/ physical therapy times 8. The treater requested physical therapy "to increase range of motion range of motion (ROM), improve overall functional capacity and activities of daily living and expedite the patient's return to work." Regarding massage therapy, California MTUS guidelines page 60 recommends 4-6 massage therapy adjunct to other recommended treatment (e.g. exercise). ACOEM guidelines recommend massage for chronic pain as an adjunct to active treatments consisting primarily of a graded aerobic and strengthening exercise program. None of the reports provide information about this massage therapy request and no treatment history to understand whether or not the patient has tried massage therapy in the past. The treater does not explain why massage therapy is being requested. MTUS supports a short course of massage in a proper context or as an adjunct. There is no discussion of exercise or other treatments. The request for 8 sessions of massage therapy exceeds what is allowed by MTUS. The request of massage therapy IS NOT medically necessary. For non-post-operative physical therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, none of the reports provide information to understand whether or not the patient has had physical therapy in the past. The treater requested physical therapy "to increase ROM, improve overall functional capacity and activities of daily living and expedite the patient's return to work." Without knowing that the patient has not had physical therapy in the past, it is hard to determine this request is medically necessary or not. Therefore, the request of massage therapy/ physical therapy is not medically necessary.

ACUPUNCTURE x8 VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: The patient presents with pain and weakness in his neck, shoulders, lower back and extremities. The request is for 8 sessions of acupuncture. None of the reports provide information about this acupuncture request and no treatment history to understand whether or not the patient has had acupuncture in the past. MTUS guidelines page 13 allow 3-6 sessions of acupuncture treatments for neck or lower back complaints for an initial trial and up to 1-3 times a week and 1-2 months with functional improvement. In this case, if the patient has not tried acupuncture in the past, 3-6 sessions may be tried but the request is for 8 sessions exceeding what is allowed by MTUS. If the patient has already tried Acupuncture, the treater must provide

documentation of functional improvement to be considered for additional treatments. Such documentations are not provided. Therefore, the request is not medically necessary.

CHIROPRACTIC x8 VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The patient presents with pain and weakness in his neck, shoulders, lower back and extremities. The request is for 8 sessions of Chiropractic treatment. The review of the reports indicates that the patient had chiropractic treatment from 09/06/13 and 12/09/13 and "he didn't feel the therapy was helpful "MTUS guidelines page 58-59 allow up to 18 sessions of chiropractic treatment following initial trial 3-6, with evidence of objective functional improvement. In this case, prior treatments have failed and there is no explanation why therapy can be helpful now. The request is not medically necessary.