

Case Number:	CM15-0163692		
Date Assigned:	09/01/2015	Date of Injury:	09/28/2011
Decision Date:	10/05/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/20/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53-year-old female who sustained an industrial injury on 09-28-2011. Diagnoses include neck pain; cervical degenerative disc disease; cervical spinal stenosis; left shoulder pain; and left rotator cuff tear, status post repair. Treatment to date has included medication, physical therapy (PT), chiropractic treatment, acupuncture and massage therapy. PT did not help her neck pain and massage therapy and chiropractic helped temporarily. According to the progress notes dated 7-25-2015, the IW (injured worker) reported her pain was helped with acupuncture. She stated her left shoulder pain and left forearm pain were decreased and shoulder range of motion was increased with treatment. Her pain rating was 8 out of 10 without medication and 4 out of 10 with meds. She reported a burning sensation in the left trapezius and posterior neck, which she stated was reduced in intensity with acupuncture. She had 19 sessions of acupuncture to this point since February 2015. On examination, left shoulder range of motion (ROM) was 80% of normal with flexion, extension and abduction and cervical spine ROM was reduced in all planes. Spurling's sign caused neck pain. There was tenderness over the left cervical paraspinal and left trapezius. A request was made for massage therapy, three sessions, for the neck and acupuncture, six sessions, for the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy x 3 Sessions for Neck: Overturned

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

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

Decision rationale: The current request is for Massage Therapy x 3 Sessions for Neck. The RFA is dated 07/29/15. Treatment to date has included medication, physical therapy (PT), chiropractic treatment, acupuncture and massage therapy. The patient is working. MTUS Guidelines page 60 on massage therapy states that it is recommended as an option and as an adjunct with other recommended treatments such as exercise and should be limited to 4 to 6 visits. Massage is a passive intervention and treatment, dependence should be avoided. Per report 07/25/15, the patient presents with chronic neck pain, shoulder pain and headaches. On examination, left shoulder range of motion (ROM) was 80% of normal with flexion, extension and abduction and cervical spine ROM was reduced in all planes. Spurling's sign caused neck pain and there was tenderness over the left cervical paraspinal and left trapezius. The patient states that she tried massage therapy on her own and noted decreased symptoms. Given the patient's diagnoses and complaints of pain, a short course of massage therapy would be indicated by guidelines. The requested 3 sessions are within guidelines. This request IS medically necessary.

Acupuncture x 6 Sessions for The Neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, under Acupuncture.

Decision rationale: The current request is for Acupuncture x 6 Sessions for the Neck. The RFA is dated 07/29/15. Treatment to date has included medication, physical therapy (PT), chiropractic treatment, acupuncture and massage therapy. The patient is working. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: " (i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." ODG guidelines, Low Back chapter, under Acupuncture states: Initial trial of 3-4 visits over 2 weeks With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.) Per report 07/25/15, the patient presents with chronic neck pain, shoulder pain and headaches. On examination, left shoulder range of motion (ROM) was 80% of normal with flexion, extension and abduction and cervical spine ROM was reduced in all planes. Spurling's sign caused neck pain. There was tenderness over the left cervical paraspinal and left trapezius. The patient reported that the pain and intensity was decreased with acupuncture. She had 19 sessions of acupuncture to this point

since February 2015. The patient has reported that prior acupuncture treatments help reduce symptoms and she is able to continue working as a notary. Although MTUS does not provide a recommendation on the total number of visits, ODG states "With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks." This patient has had 19 treatments thus far in 2015 and 28 additional treatments prior to this. Functional improvement has been provided; however, the current request exceeds what is recommended by ODG. This request IS NOT medically necessary.