MAXIMUS Federal Services

Case Number:	CM15-0191755		
Date Assigned:	10/19/2015	Date of Injury:	02/07/2014
Decision Date:	11/25/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/29/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 51 year old male, who sustained an industrial injury on 2-7-2014. Several documents within the submitted medical records are difficult to decipher. The injured worker is undergoing treatment for cervical and lumbar strain-sprain and status post right shoulder surgery. Medical records dated 7-22-2015 indicate the injured worker complains of constant neck pain rated 8 out of 10 with bilateral arm numbness, constant right shoulder pain rated 8 out of 10 and constant back pain radiating to the legs with numbness. Physical exam dated 7-22-2015 notes cervical tenderness to palpation and spasm and decreased range of motion (ROM), right shoulder decreased range of motion (ROM) and tenderness to palpation with positive Neer's and Speed's test and lumbar tenderness to palpation, decreased range of motion (ROM) and spasm. Treatment to date has included surgery, physical therapy, medication, psychiatric treatment and home exercise program (HEP). The original utilization review dated 9-4-2015 indicates the request for doctor's first report of occupational illness or Injury #4 and initial chiropractic exam is certified and acupuncture without stimulation 15 minutes #1, massage 30 minutes #1 and infrared therapy #1 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture w/o Stimulation 15 min Qty: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The California chronic pain medical treatment guidelines section on acupuncture states: 1) "Acupuncture" is 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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used 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. Frequency and duration of acupuncture with electrical stimulation may be performed as follows: 1. Time to produce functional improvement 3-6 treatments 2. Frequency: 1-3 times per week 3. Optimum duration is 1-2 months4. Treatments may be extended if functional improvement is documented. The request for acupuncture is for a total of 18 sessions. This is in excess of the recommendations. The patient must demonstrate functional improvement in 3-6 treatments for more sessions to be certified. Therefore, the request is in excess of the recommended initial treatment sessions and not medically necessary.

Massage 30 minutes Qty: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

Decision rationale: The California MTUS section on massages states: This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long- term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. (Hasson, 2004) The request is not a part of an adjunct to other therapy and does not specify an amount of sessions to be performed. This is in excess of the 4-6 sessions maximum recommended in most cases. Therefore, the request is not medically necessary.

Infrared therapy Qty: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

Decision rationale: There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. The proposed therapy is not supported by the ACOEM and when used should be on a trial basis with documentation of objective improvements in pain and function due directly to the treatment. The request does not specify a trial basis for intervention and therefore is not medically necessary.