

<b>Case Number:</b>	CM15-0200574		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	09/02/2005
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 61-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of September 2, 2005. In a Utilization Review report dated September 18, 2015, the claims administrator failed to approve requests for multilevel cervical facet injections, unspecified amounts of acupuncture, and unspecified amounts of massage therapy. The claims administrator referenced a September 11, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On May 6, 2015, the applicant reported ongoing complaints of neck and mid back pain, 3 to 7/10. The applicant was pending acupuncture, massage therapy, and facet block injections, it was reported. The applicant reported complaints of neck pain shooting down the bilateral upper extremities, the treating provider further noted. The applicant was given various diagnoses, including cervical radiculopathy. Multilevel cervical facet injections were sought for reported severe and intractable pain complaints. Tylenol No.3, acupuncture, cervical facet injections, Norco, Lidoderm patches, Flexeril, Neurontin, and massage therapy were all sought. The applicant's permanent work restrictions were renewed. It was not clear whether the applicant was or was not working with said limitations in place. On September 11, 2015, the applicant was described as gradually worsening. 6 to 7/10 neck and low back pain complaints were noted. The applicant was on Flexeril and Tylenol, it was stated. The applicant was given multiple palpable tender points and tenderness about the cervical facet joints on exam. Trapezius and cervical paraspinal musculature tenderness was also reported. The applicant was, once again, given multiple different diagnoses, one of which included cervical radiculopathy. Cervical facet injections were

sought. Massage therapy and acupuncture were endorsed. Lidoderm patches, Flexeril, Tylenol No. 3, Neurontin, and acupuncture were renewed and/or continued. Additional acupuncture and massage therapy were sought. The applicant's permanent work restrictions were renewed. It was not clear stated whether the applicant was not working with permanent limitations in place, although this did not appear to be the case.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Cervical facet injection at L4-5, C5-6 and C6-7 bilaterally: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

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

**Decision rationale:** No, the request for multilevel cervical facet injections was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, facet injections, i.e., the article in question, are deemed not recommended. Here, the attending provider failed to furnish a clear or compelling rationale for pursuit of multilevel facet injection therapy in the face of the (a) unfavorable ACOEM position on the same and (b) in the face of the applicant's having superimposed cervical radicular pain complaints. The applicant, per a progress note of September 11, 2015, did carry an active diagnosis of cervical radiculopathy. The applicant reported ongoing complaints of neck pain shooting to the bilateral upper extremities on an earlier note of May 6, 2015. It did not appear, thus, that the cervical facet injections were indicated in the radicular pain context present here. Therefore, the request was not medically necessary.

#### **In Office medical Acupuncture; (amount and frequency/duration not specified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** Similarly, the request for in-office acupuncture in unspecified amounts was likewise not medically necessary, medically appropriate, or indicated here. The request in question was framed as a renewal or extension request for acupuncture, the treating provider reported on September 11, 2015. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20e, here, however, there was no such demonstration of functional improvement as defined in section 9792.20e present here. Permanent work restrictions were renewed on September 11, 2015, unchanged from previous visit. It did not appear the applicant was working with said limitations in place. The applicant remained dependent on opioid agents such as Tylenol No. 3 and topical agents such as Lidoderm, the treating provider acknowledged on September 11, 2015. All of the foregoing,

taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e. Therefore, the request was not medically necessary.

**Massage Therapy (amount and frequency/duration not specified): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

**Decision rationale:** Finally, the request for massage therapy in unspecified amounts was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines, massage therapy is recommended only as an adjunct to other recommended treatments, such as exercise, should be limited to four to six sessions in most cases. Here, thus, the request for unspecified amounts of massage therapy was, thus, at odds with the four- to six session course of massage therapy suggested on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines. It did not appear that the applicant was working with permanent limitations in place on that date. It did appear, thus, the applicant was intent on employing the massage therapy in conjunction with an exercise program or program of functional restoration. The MTUS Guideline in ACOEM Chapter 3, page 48 further stipulates that it is incumbent upon the attending provider to furnish a prescription for physical therapy and/or physical methods such as the massage modality at issue which clearly states treatment goals. Here, the request for open-ended massage therapy in unspecified amounts, thus, by definition, did not clearly state treatment goals. Therefore, the request was not medically necessary.