

Case Number:	CM15-0032182		
Date Assigned:	02/25/2015	Date of Injury:	01/11/2011
Decision Date:	04/10/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/20/2015

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: Chiropractor, Oriental 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 injured worker is a 52-year-old female, who sustained an industrial injury on January 11, 2011. She has reported neck pain and numbness of the fourth and fifth fingers of the left hand. The diagnoses have included cervical and thoracic spine disc bulge with cervical spine radiculopathy. Treatment to date has included medications, home exercise and acupuncture. A progress note dated January 26, 2015 indicates a chief complaint of continued neck pain and intermittent numbness of the fourth and fifth fingers of the left hand. Physical examination showed cervical spine pain with range of motion. The treating physician is requesting twelve sessions of acupressure. On February 2, 2015 Utilization Review denied the request citing the California Medical Treatment Utilization Schedule acupuncture guidelines. On February 20, 2015, the injured worker submitted an application for IMR of a request for twelve sessions of acupressure.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Acupressure: Upheld

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

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

Decision rationale: Massage and acupressure are similar. Therefore, guidelines for massage therapy are used. The Chronic Pain Medical Treatment guideline recommends massage therapy for chronic pain as an option. The treatment should be an adjunct to other recommended treatments and it should be limited to 4-6 visits in most cases. There was no documentation of other therapies besides acupressure and the provider's request for 12 acupressure sessions exceeds the guidelines recommendation of 4-6 visits. Therefore, the provider's request for 12 acupressure session is not medically necessary.