

Case Number:	CM14-0111662		
Date Assigned:	08/01/2014	Date of Injury:	01/26/2007
Decision Date:	09/30/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/17/2014

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 and is licensed to practice in Illinois. 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 injured worker is a 57-year-old female who reported an injury on 11/26/2007. The mechanism of injury was not provided for clinical review. The diagnoses included neck pain, back pain, and wrist pain. Within the clinical note dated 09/18/2013 it was reported the injured worker's thumbs are very painful. Neck is feeling straighter. Numbness and tingling have diminished but still feeling the symptoms on the left side. The injured worker reported being uncomfortable, nerve pain at night. The injured worker reported her pain level was higher. Upon the physical examination, the provider noted the injured worker had spasms in the left levator scapula as well as the cervical spine. The provider noted trigger points and pain in the left side at the upper trapezius and supraspinatus. The request submitted is for acupuncture, and massage therapy. However, a rationale was not provided for clinical review. The request was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two (2) times a week for four (4) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture two (2) times a week for four (4) weeks is not medically necessary. The Acupuncture Medical Treatment Guidelines note 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. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease side effects of medication induced nausea, promote relaxation in an anxious patient and reduce muscle spasms. The time to produce effect includes 3 to 6 treatments with a frequency of 1 to 3 times per week. An optimum duration includes 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. There is lack of documentation indicating the efficacy of the previous acupuncture treatments along with the number of sessions the injured worker has undergone. Additionally, the optimum duration of acupuncture includes 1 to 2 months. The injured worker has been utilizing acupuncture treatments since 2013. Therefore, the request is not medically necessary.

Therapeutic Massage one (1) time a week for eight (8) weeks: Upheld

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

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

Decision rationale: The request for Therapeutic Massage one (1) time a week for eight (8) weeks is not medically necessary. The California MTUS Guidelines recommend massage therapy as an option. The treatment should be as an adjunct to other recommended treatments including exercise, and they should be limited to 4 to 6 visits in most cases. The number of sessions requested exceeds the guideline recommendations of 4 to 6 treatments. The number of sessions the injured worker has previously undergone was not provided for clinical review. The efficacy of the previous sessions the injured worker has undergone was not provided for clinical review. Therefore, the request is not medically necessary.