

Case Number:	CM14-0132922		
Date Assigned:	08/22/2014	Date of Injury:	09/02/2008
Decision Date:	09/26/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/19/2014

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 Internal Medicine and Pulmonary Disease and is licensed to practice in California. 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 60 year old female who reported an injury on 09/02/2005. The mechanism of injury was not provided. Diagnoses included cervical strain, left sternocleidomastoid tendonitis, and mild cervical spondylosis without stenosis or neural impingement. The past treatments included physical therapy x8 visits between 07/03/2013- 07/29/2013 with minimal improvement in range of motion to the cervical spine, acupuncture x 6 visits between 02/24/2014- 03/07/2014 (without measure of pain or function), and a home exercise program. The progress note dated 03/18/2014 noted the injured worker complained of increased pain with vomiting. The physical exam revealed the injured worker was guarded with any cervical motion. Medications were not listed. The treatment plan included recommendations for chiropractic treatment and that the injured worker is placed on total temporary disability and requested chiropractic intervention. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker had 6 acupuncture visits without noted improvements. The California MTUS Acupuncture guidelines recommend acupuncture as an option when pain medications are reduced or not tolerated, or as an adjunct to physical therapy or surgical intervention to hasten recovery. The guidelines state acupuncture treatments should produce functional improvement in 3-6 treatments. The guidelines recommend 1-3 sessions per week for 1-2 months after the initial trial. There is no documentation of intolerance or a change to the injured worker's medications, and no documentation of plans to continue physical therapy or her home exercise program. There was no documentation of functional improvement, or decreased pain with the 6 initial acupuncture visits. Furthermore, the number of acupuncture sessions requested, and body part indicated for treatment was not provided to determine the medical necessity. Given the lack of documentation of a change in the medication regimen, the lack of evidence of ongoing physical therapy, the lack of documentation of functional improvement over 6 acupuncture treatments, and the exclusion of the number of visits requested and body part involved, the request is unfounded and possibly excessive. As such, the request is not medically necessary.

Massage Therapy, 8 sessions: Upheld

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

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

Decision rationale: The injured worker had pain with a neck strain and tendonitis. The California MTUS guidelines recommend massage therapy for pain and anxiety reduction, and states it should be used as an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits. There is no documentation of plans to continue physical therapy or her home exercise program. The number of massage sessions requested exceeds the guideline recommendations. The body part indicated for treatment was not provided to determine the medical necessity. Given the lack of evidence of ongoing recommended treatments, the number of visits requested surpasses the amount recommended, and the exclusion of the body part involved, request is unsupported and excessive at this time. As such, the request is not medically necessary.