

Case Number:	CM15-0177879		
Date Assigned:	09/18/2015	Date of Injury:	11/28/2000
Decision Date:	10/28/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/09/2015

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 47-year-old who has filed a claim for chronic neck, low back, arm, and shoulder pain reportedly associated with an industrial injury of November 28, 2000. In a Utilization Review report dated August 31, 2015, the claims administrator failed to approve requests for acupuncture and deep tissue massage therapy. The claims administrator referenced an RFA form received on August 21, 2015 and an associated progress note of August 20, 2015 in its determination. The applicant's attorney subsequently appealed. On said August 20, 2015 office visit, the applicant reported ongoing complaints of neck and low back pain. The applicant was on Soma, Vicodin, and Lidoderm patches, it was reported. The applicant had reportedly exhausted her supply of the same. The attending provider contended that previously ordered acupuncture and massage therapy had proven beneficial in the past and went on to order additional acupuncture massage therapy. Vicodin and Soma were renewed. The applicant's work status was not reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Therapy Cervical Spine for 6 Visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: No, the request for 6 sessions of acupuncture was 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 acknowledged on August 20, 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, no such demonstration of functional improvement as defined in section 9792.20e was evident on August 20, 2015. The applicant's work status was not reported, suggesting that the applicant was not, in fact, working. The applicant remained dependent on opioid agents such as Vicodin, non-opioid agents such as Soma and/or topical agents such as Lidoderm patches. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of unspecified prior acupuncture treatments over the course of the claim. Therefore, the request for 6 additional sessions of acupuncture was not medically necessary.

Deep Tissue Massage for The Cervical Spine for 6 Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The request for 6 sessions of deep tissue massage therapy was likewise not medically necessary, medically appropriate, or indicated here. The attending provider acknowledged on August 20, 2015 that the claimant had had prior massage therapy. The request, thus, represented a renewal or extension request for the same. However, page 60 of the MTUS Chronic Pain Medical Treatment Guidelines notes that massage therapy should be employed only as an adjunct to other recommended treatments, such as exercise, and should be limited to 4-6 visits in most cases. Here, thus, renewal request for deep tissue massage therapy, thus, likely represented treatment in excess of the 4- to 6-session limit for massage therapy set forth on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's work status was not reported. There was, thus, no seeming intent to employ the massage therapy in conjunction with an exercise program. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that passive modalities, as a whole, should be employed "sparingly" during the chronic pain phase of treatment. Here, thus, the attending provider's concomitant request for massage therapy and acupuncture, thus, seemingly ran counter to the philosophy espoused on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.