

Case Number:	CM15-0027504		
Date Assigned:	02/19/2015	Date of Injury:	05/24/2012
Decision Date:	04/01/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/13/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 43 year old male who sustained a work related injury May 24, 2012. Past history includes asthma, hypertension, diverticulitis s/p colectomy 2008, umbilical hernia repair June 2010, repair hernia umbilical/remove mesh, adhesions, and appendectomy July, 2011. According to a primary treating physician's progress report dated January 29, 2015, the injured worker presented for reevaluation of his neck, low back and hands. The pain is described as right-sided achy neck pain, radiating up to the head causing migraines. There is aching and burning in the lower back and numbness and tingling in the hands. He has had 3 sessions of acupuncture and 6 session of massage to the neck and found relief with treatment. The pain levels are 8-9/10 without medication and 5-6/10 with medication. MRI of the lumbar spine dated 9/5/2014, revealed minimal disc bulge at L5-S1, no focal disc herniation and no compromise of central canal neuroforamen. Diagnoses documented as neck and low back pain, migraine and cervical radiculopathy. Treatment plan included medications, and requests for massage therapy and acupuncture treatments. Work status is documented as full duty. According to utilization review dated February 10, 2015, the request for Massage Therapy Sessions to the neck/low back QTY: 6 is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines. The request for Acupuncture Treatments to the neck QTY: 8 have been modified to Acupuncture Treatments to the neck QTY: 3, citing MTUS ACOEM Acupuncture Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy session to the neck/low back #6: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back section, Massage.

Decision rationale: The MTUS Chronic Treatment Guidelines recommend massage therapy (up to 4-6 visits in most cases) as an adjunct to other recommended treatments such as exercise and may be helpful at attenuating diffuse musculoskeletal symptoms as well as anxiety and stress reduction. Passive treatments such as massage can lead to dependence and are not recommended for frequent sessions. Massage may be recommended for acute injuries, chronic pain (if not already trialed), and post-operatively. The ODG states that mechanical massage devices are not recommended. The ODG also allows massage therapy to continue beyond the trial period up to a total of 18 visits over 6-8 weeks with evidence of objective functional improvement. In the case of this worker, who was working full time and exercising and had previous success with 6 sessions of massage therapy, a request for an additional 6 sessions of massage therapy to the neck and back was made. The previous reviewer suggested that the worker had met the maximum number of sessions, but according to the Guidelines up to 18 may be considered. Due to the worker exercising and working full time and having responded to massage already, it is reasonable and medically necessary to approve 6 more sessions of massage therapy.

Acupuncture Treatments to the neck #8: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Guidelines state acupuncture may be used as an adjunct therapy modality to physical rehabilitation or surgical intervention to hasten recovery and to reduce pain, inflammation, increase blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture is allowed as a trial over 3-6 treatments and 1-3 times per week up to 1-2 months in duration with documentation of functional and pain improvement. Extension is also allowed beyond these limits if functional improvement is documented. In the case of this worker, it was reported that after 3 sessions of acupuncture, he would notice a significant decrease in neck/head pain for 2 days afterwards, which provided for better sleep, which would qualify for additional sessions as long as they continued to provided this benefit. The previous reviewer recommended the request of 8 sessions be cut back to 3 additional sessions, but without reasoning for this. In the opinion of the reviewer, the 8 sessions of acupuncture are appropriate and medically necessary.

