

<b>Case Number:</b>	CM15-0039887		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	03/08/1995
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 57-year-old female, who sustained an industrial injury on 3/8/95. She has reported neck injury. The diagnoses have included cervical radiculopathy and status post previous C4-C7 anterior/posterior cervical fusion with hardware removal. Treatment to date has included medications, Epidural Injection, diagnostics and conservative treatment. Currently, as per the physician progress note dated 1/28/15, the injured worker complains of parascapular pain and pectoral pain radiating through the axilla, down the arm, into the forearm on the right side, with right upper extremity dysesthesias and muscle spasms. She was three weeks status post right C3-4 epidural injection with no relief of symptoms. She did have significant side effects following the epidural injection such as facial flushing, swelling and mood changes. She did not have previous effects with the injections so contributed it to the abrupt withdrawal of Soma. The current medications included Soma, Norco and Lyrica. Physical exam revealed mild right sided biceps and deltoid weakness, positive Spurling test on the right, and burning dysesthesias into the right upper extremity. The physician treatment plan was for authorization of acupuncture and massage therapy and if no improvement with these treatment options, she may have to consider surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **8 Acupuncture Sessions: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Acupuncture.

**Decision rationale:** Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, 8 acupuncture sessions are not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are status post previous C4-C7 anterior/posterior cervical fusion with hardware removal; and right-sided cervical radiculopathy with neural foraminal stenosis at C3-C4 on the right. The documentation indicates the injured worker received 12 prior acupuncture treatments. There is no documentation in the medical record indicating objective functional improvement with the acupuncture treatments or copies of ongoing progress notes secondary acupuncture. The guidelines recommend an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement for total of 8 to 12 visits may be indicated. The worker already received 12 acupuncture treatments (maximum under the guidelines). There is no compelling clinical documentation to warrant additional acupuncture treatment. Consequently, absent compelling clinical documentation with objective functional improvement and or documentation of prior acupuncture treatments (12 treatments to date), 8 acupuncture sessions are not medically necessary.

## **8 Massage Therapy Sessions: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Massage.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 8 massage therapy sessions are not medically necessary. Massage therapy should be an adjunct to other recommended treatments such as exercise and should be limited to 4-6 visits in most cases. Massage is a passive intervention and treatment dependence should be avoided. See the guidelines for additional details. In this case, the injured worker's working diagnoses are status post previous C4-C7 anterior/posterior cervical fusion with hardware removal; and right-sided cervical radiculopathy with neural foraminal stenosis at C3-C4 on the right. The treating physician requested eight massage therapy sessions. Massage is a passive

intervention and should be limited to 4-6 sessions in most cases. The treating physician exceeded the recommended guidelines and requested 8 sessions. There are no compelling clinical facts in the medical record indicating additional massage therapy is clinically indicated. Consequently, absent compelling clinical documentation in excess of the recommended guidelines of 4-6 treatments, 8 massage therapy sessions are not medically necessary.