

Case Number:	CM15-0069377		
Date Assigned:	04/16/2015	Date of Injury:	05/10/2012
Decision Date:	05/15/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/13/2015

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: 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 56 year old female, who sustained an industrial injury on 5/10/12. She reported bilateral arm numbness and hand pain. The injured worker was diagnosed as having cervicgia and trigger finger status post release. Treatment to date has included bilateral carpal tunnel release, wrist braces, and physical therapy that was noted to be beneficial. Currently, the injured worker complains of neck pain with radiation to the upper extremities. Headaches that are migrainous in nature were also noted. The treating physician requested authorization for 4 acupuncture sessions for the cervical spine and 8 chiropractic/physiotherapy sessions with deep tissue massage for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture C/S (x4): 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 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, acupuncture cervical spine times four visits is 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 cervicgia; and trigger finger status post release. Subjectively, according to March 12, 2015, the injured worker has constant pain in the cervical spine aggravated by repetitive motions of the neck and pushing, pulling, lifting with forward reaching. The pain radiates to the upper extremities. The VAS pain scale is 8/10. Objectively, the injured worker has muscle tenderness and spasm. Range of motion is limited by pain. The injured worker is not undergoing any concurrent interventions. The worker is not receiving physical therapy. Acupuncture is recommended as an option for chronic low back pain using a short course in conjunction with other interventions. The treating/requesting physician exceeded the recommended guidelines of six visits (PT) and 4 to 6 visits (massage therapy) (see infra). Consequently, absent clinical documentation of other interventions (physical therapy, etc.), acupuncture the cervical spine times four visits is not medically necessary.

Chiropractic/Physiotherapy with Deep tissue massage C/S (x8): 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, Physical Medicine, Chiropractic Page(s): 60, 58-60, and 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Massage, Chiropractic, and Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, chiropractic/physiotherapy with deep tissue massage to the cervical spine times eight (two times per week times four weeks) are not medically necessary. Manual manipulation and therapy is recommended for chronic pain is caused by musculoskeletal conditions. The intended goal or effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation, therapeutic care-trial of 6 visits over two weeks. With evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. Massage is a passive intervention and considered an adjunct to other recommended treatment, especially active interventions (e.g. exercise). Massage therapy should be limited to 4-6 visits in most cases. In this case, the injured worker's working diagnoses are cervicgia; and trigger finger status post release. Subjectively, according to March 12, 2015, the injured worker has constant pain in the cervical spine aggravated by repetitive motions of the neck and pushing, pulling, lifting with forward reaching. The pain radiates to the upper extremities. The VAS pain scale is 8/10. Objectively, the injured worker has muscle tenderness

and spasm. Range of motion is limited by pain. The injured worker is not undergoing any concurrent interventions. The guidelines recommend a six visit clinical trial for physical therapy. The guidelines recommend 4 to 6 visits in most cases for massage therapy. The treating physician requested eight sessions of physical therapy and eight sessions of massage therapy. The treating/requesting physician exceeded the recommended guidelines of six visits (PT) and 4 to 6 visits (massage therapy). Consequently, absent compelling clinical documentation according to the guideline recommendations, chiropractic/physiotherapy with deep tissue massage to the cervical spine times eight (two times per week times four weeks) are not medically necessary.