

<b>Case Number:</b>	CM15-0071597		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	08/08/2013
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 an industrial injury on August 8, 2013. He reported being hit on the neck, upper back, and head by a piece of plywood. The injured worker was diagnosed as having post-concussion syndrome, closed head injury, and multiple contusions. Treatment to date has included massage, acupuncture, physical therapy, chiropractic treatments, and medication. Currently, the injured worker complains of increasing headaches, increasing numbness in his arms, hands, and feet, muscle spasms in neck, difficulty falling asleep, increasing upper back and neck pain. The Primary Treating Physician's report dated April 7, 2015, noted the injured worker presented as an emergency visit for increasing symptoms. Massage and acupuncture was noted to have been helpful in the past. The injured worker's current medications were listed as Duloxetine HCL, Trazadone, and Naproxen Sodium. The injured worker was noted to have a closed head injury with cervical sprain, upper back sprain, probable facet and spinal column medicated pain with radicular right upper back component and increasing upper extremity numbness and tingling with possible carpal tunnel syndrome. The injured worker received an injection of Dexamethasone, Kenalog, and Lidocaine to the right cervical occipital right lateral cervical muscles right upper back, with concordant relief of the pain during the injection and some partial improvement with his headaches. The treatment plan was noted to include requests for authorization for a complete neurology consultation, a pain management consultation, massage therapy, acupuncture, and retro authorization for Toradol intramuscular and trigger point injections, retro authorization for

emergency room visits for abdominal pain, and requests for authorization for bilateral upper extremity nerve studies, Omeprazole, Naproxen, and Cymbalta.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Massage therapy x 6 for neck:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy, p60 Page(s): 60.

**Decision rationale:** The claimant has a history of a work injury occurring nearly 2 years ago and continues to be treated for chronic widespread pain. When seen, he had increasing headaches and numbness in his arms, hands, feet. He was having difficulty sleeping. Pain was rated at 9/10. Prior treatments had included massage therapy and acupuncture, which had helped. Physical examination findings included muscle tenderness with twitch responses and decreased and painful cervical spine and shoulder range of motion. There was positive carpal compression testing with decreased hand strength and sensation. Authorization for acupuncture and massage therapy was requested for the purpose of pain control, muscle spasms, and headaches. Massage therapy is recommended as an option. It should be an adjunct to other recommended treatments such as exercise. In this case, massage therapy is being requested as a palliative treatment and there is no adjunctive treatment being planned. Therefore, the requested massage therapy is not medically necessary.

**Acupuncture x 6 for neck:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The claimant has a history of a work injury occurring nearly 2 years ago and continues to be treated for chronic widespread pain. When seen, he had increasing headaches and numbness in his arms, hands, feet. He was having difficulty sleeping. Pain was rated at 9/10. Prior treatments had included massage therapy and acupuncture, which had helped. Physical examination findings included muscle tenderness with twitch responses and decreased and painful cervical spine and shoulder range of motion. There was positive carpal compression testing with decreased hand strength and sensation. Authorization for acupuncture and massage therapy was requested for the purpose of pain control, muscle spasms, and headaches. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, it is being requested as a palliative treatment and there is no adjunctive

treatment being planned. Therefore, the requested acupuncture treatments are not medically necessary.