

<b>Case Number:</b>	CM15-0076413		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	07/18/2014
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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 41 year old male, who sustained an industrial injury on July 18, 2014. He reported right shoulder, neck, and lower back pain. The injured worker was diagnosed as having cervicgia and lumbago. Diagnostics to date has included x-rays and MRI. Treatment to date has included chiropractic therapy, a home exercise program, and medications including pain and non-steroidal anti-inflammatory. On February 12, 2015, the injured worker complains of persistent neck pain and headaches. He works full duty. He tries to do home exercises. The physical exam revealed slight tenderness over the cervical 5-cervical 6 spinous process and the facet joint and limited and painful neck range of motion. The right shoulder exam was unremarkable. The lumbar exam revealed slightly limited and painful range of motion, normal straight leg testing, no radicular pain, and normal deep tendon reflexes. The treatment plan includes chiropractic therapy for the neck and lower back. The requested treatment is 8 visits of acupuncture for the thoracic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for the thoracic, 8 visits:** Upheld

**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, who complained of chronic pain with limited results with medication, chiropractic, and home exercises, acupuncture was then recommended. However, the request was for 8 sessions, which is more than the 3-6 recommended trial sessions. Therefore, the acupuncture request for 8 sessions will be considered medically unnecessary.

**Theracane:** 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 therapy Page(s): 60. Decision based on Non-MTUS Citation ODG, Lower Back section, Massage AND 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 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, a Theracane (massage device/tool) was recommended for use at home. However, massage tools are not recommended and a passive therapy for long-term use is not recommended in general. Therefore, the request for Theracane will be considered medically unnecessary.