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| Case Number: | CM13-0060206 | | |
| Date Assigned: | 03/03/2014 | Date of Injury: | 09/26/2012 |
| Decision Date: | 06/30/2014 | UR Denial Date: | 11/27/2013 |
| Priority: | Standard | Application Received: | 12/03/2013 |

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 43 year old male who has reported low back pain after an injury on 9/26/12. The diagnoses include lumbar sprain/strain and disc disease. Treatment has included acupuncture visits with his primary treating physician. Records refer to 20 visits completed to date. On 11/11/12, the treating physician noted a decrease in back pain, a "perceived improvement in function" and ability to do more self-care activities. Ibuprofen was prescribed and there was no work status. On 1/13/14, the same kinds of improvement were described and work restrictions were stated to be lessened. Specific changes in work restrictions were discussed. Ibuprofen was continued. More acupuncture was prescribed, and the acupuncture treatment was to include infrared and myofascial release. On 11/27/13, Utilization Review non-certified an additional 16 visits of acupuncture, noting the MTUS recommendations and lack of functional improvement. This Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL ACUPUNCTURE FOR THE LUMBAR SPINE (16 SESSIONS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Acupuncture Medical Treatment Guidelines, ,

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Massage therapy Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Infrared therapy

Decision rationale: The prescription for additional acupuncture is evaluated in light of the MTUS recommendations for acupuncture, including the definition of "functional improvement". Medical necessity for any further acupuncture is considered in light of "functional improvement". The treating physician did not provide evidence of specific functional improvement during or immediately after the provision of the acupuncture visits. The only evidence of functional improvement was an improvement in work status months after completion of the acupuncture visits. It is not at all clear that functional improvement occurred progressively and in concert with the provision of acupuncture. There is also no evidence of a decreasing dependency on medical care. No additional acupuncture is medically necessary based on lack of evidence for functional improvement as defined in the MTUS. The treating physician is also recommending infrared therapy. The MTUS does not provide direction for infrared therapy. The Official Disability Guidelines, cited above, state that this therapy is not recommended over any other heat therapy, and that when indicated, is for treating acute low back pain along with an evidence-based exercise program. This injured worker does not have acute back pain and there is no evidence of an evidence-based exercise program. The treating physician is also recommending "myofascial release". For the purposes of this review, myofascial release is a form of massage. The MTUS provides limited support for massage therapy in cases of chronic pain. Massage should be used in conjunction with exercise, and treatment is recommended for a limited time only. The MTUS recommends 4-6 visits of massage therapy, and cautions against treatment dependence. Given the 20 acupuncture visits to date, it is most likely that the injured worker has already exceeded the recommended 4-6 visit maximum. The treating physician has not described a specific exercise program to be pursued during the course of massage therapy. Additional massage therapy/myofascial release is not medically necessary based on lack of significant symptomatic and functional improvement from massage already completed, and the probably exceeding of the MTUS-recommended quantities for this modality.