

Case Number:	CM14-0169365		
Date Assigned:	10/17/2014	Date of Injury:	01/10/2013
Decision Date:	11/19/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/14/2014

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 licensed in Acupuncture 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 35 y/o male patient with pain complains of the lower back. Diagnoses included status post lumbar surgery, lumbar radiculitis, and foraminal stenosis. Previous treatments included: lumbar spine surgeries, epidural steroid injection, oral medication, physical therapy, and work modifications amongst others. As the patient continued symptomatic, a request for physical therapy (acupressure) x8 was made on 09-23-14 by the PTP. The requested care was denied on 09-26-14 by the UR reviewer. The reviewer rationale was "given the information received, including an unspecified number of prior physical therapy visits without significant gains, and especially no documented functional improvement after the most recent physical therapy, this request cannot be considered medically and necessary or consistent with the guidelines".

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (Acupressure), Unspecified Frequency, 8 Visits for The Low Back:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back: Acupressure

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lower back: not

recommended: Not recommended due to the lack of sufficient literature evidence (1 Chinese study). There are promising initial results. Acupressure, the use of fingers rather than needles (as in acupuncture) to press on various points in the body, conferred an 89% reduction in significant disability compared with physical therapy in this RCT conducted in Taiwan. (Hsieh, 2006) However, because the study was c

Decision rationale: The request from the PTP is for acupressure x8 (frequency was not indicated). In reviewing the available records, there is no mention as to how many acupressure treatments were previously completed or the benefits obtained with prior sessions. In addition, the goals for which the acupressure has been requested were not documented. Therefore, based on the previously mentioned and peer review literature, the acupressure x8 is not supported for medical necessity.