

<b>Case Number:</b>	CM14-0022976		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	02/08/2009
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 51-year-old male with date of injury of 02/08/2009. The listed diagnosis by [REDACTED] dated 01/16/2014 is lumbar displaced intervertebral disk/HNP. According to thereport, the patient presents with back pain that has been occurring in a persistent patterncharacterized as a dull, achy, and stabbing sensation. The location of the back pain is in theupper and lower back. The symptoms are relieved by rest and stretching. The physical examshows flexion of the lumbar spine reproduces back pain and pulling in both lower extremities.Extension creates a midline pain. There is tenderness in the midline L5. Straight leg raise on theright and the left creates back pain and pulling in the posterior thighs. Motor testing is 5/5 in allgroups of the lower extremities. The utilization review denied the request on 02/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FIFTEEN (15) ADDITIONAL ACUPUNCTURE VISITS:** Upheld

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

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

**Decision rationale:** This patient presents with back pain. The treater is requesting 15 acupuncture sessions. The MTUS Guidelines for acupuncture states that it is used as an option when pain medication is reduced or not tolerated and it may used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. In addition, MTUS states that an initial trial of 3 to 6 visits is recommended. Furthermore, treatments may be extended if functional improvement is documented. The review of 77 pages of records do not show any recent acupuncture reports to verify how many treatments and with what results were accomplished. However, the records show that the patient last utilized acupuncture in 2012 with significant relief. In this case, the patient can benefit from a short course of acupuncture treatment; however, the requested 15 sessions appear excessive. A short course may be indicated to address current pain. The MTUS Guidelines recommend starting with 3-6 sessions. The request is not medically necessary.

**MASSAGE THERAPY SESSIONS (UNSPECIFIED NUMBER):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

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

**Decision rationale:** This patient presents with back pain. The treater is requesting massage therapy of unknown quantity. The MTUS Guidelines page 60 on massage therapy states that it is recommended as an option in adjunct with other recommended treatments such as exercise and should be limited to 4 to 6 visits in most cases. Massage is a passive intervention and treatment dependence should be avoided. The progress report dated 04/01/2013 notes that the patient was prescribed 3 massage therapy sessions as a maintenance program for his ongoing pain. The succeeding reports do not show any functional improvement or pain reduction. The MTUS Guidelines page 8 on pain outcomes and endpoints states, "The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities." In this case, the patient does not report functional improvement following massage therapy. Furthermore, the treater failed to provide the desired quantity for this specific request. The request is not medically necessary.