

Case Number:	CM14-0083228		
Date Assigned:	07/21/2014	Date of Injury:	08/15/1989
Decision Date:	09/18/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/04/2014

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 Internal 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:

Patient is an injured worker with cervical and lumbar sprain and strain. Date of injury was 08-15-1989. Regarding the mechanism of injury, the patient developed an injury of her neck and back on 8/15/89 after running down the stairs and sitting on a chair. Primary treating physicians' progress report dated May 14, 2014 documented a history of occupational injury of her cervical, thoracic and lumbar spine. She was having spasms in her neck. Treatment had included acupuncture and TENS. Physical examination findings included tender right base of neck, cervical range of motion 20%, intact C5-T1 bilateral-motor and reflexes, normal lordotic curve, lumbar range of motion 30%, intact L4-S1 motor and reflexes, straight leg raise sitting negative. Diagnoses were cervical sprain strain, lumbar sprain strain, cervical disc without myelopathy, cervical degenerative disc, cervical myofascitis, thoracic sprain strain, neck pain. Treatment plan included a request for acupuncture treatments for treatment of cervical, thoracic, and lumbar spine pain. Utilization review determination date was 05-27-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of Acupressure Therapy of the Cervical and Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, online edition, Chapter: Low Back - Lumbar and Thoracic, Acupressure.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173-174; 300-301. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic) Acupressure.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses physical modalities. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that there is no high-grade scientific evidence to support the effectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation units, and biofeedback. ACOEM Chapter 12 Low Back Complaints states that physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation units, percutaneous electrical nerve stimulation units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies. Other miscellaneous therapies, such as magnet therapy, have been evaluated and found to be ineffective or minimally effective. Official Disability Guidelines (ODG) state that acupressure is not recommended due to the lack of sufficient literature evidence. Medical records document the diagnoses of cervical sprain and strain, lumbar sprain and strain, cervical disc disorder without myelopathy, cervical degenerative disc disorder, cervical myofascitis, thoracic sprain and strain, and neck pain. Acupressure treatments for treatment of cervical, thoracic, and lumbar spine pain were requested. ACOEM and ODG guidelines do not support the medical necessity of acupressure. Therefore, the request for 6 sessions of acupressure therapy of the cervical and lumbar spines is not medically necessary.