

<b>Case Number:</b>	CM15-0133417		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	12/18/2013
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 26-year-old male who sustained an industrial injury on 12/18/13. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies are not addressed. Current complaints include neck pain and discomfort. Current diagnoses include lumbosacral sprain/stain injury, lumbosacral radiculopathy, and myofascial pain syndrome. In a progress note dated 06/02/15, the treating provider reports the plan of care as medications including Norco and Voltaren gel. The requested treatments include electroacupuncture and myofascial release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electro acupuncture 2 times a week for 3 weeks infrared:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Medical Treatment Guidelines Page(s): 13.

**Decision rationale:** The patient presents on 06/02/15 with unrated neck pain and discomfort. The patient's date of injury is 12/18/13. Patient has no documented surgical history directed at this complaint. The request is for ELECTROACUPUNCTURE 2 TIMES A WEEK FOR 3 WEEKS INFRARED. The RFA is dated 06/02/15. Physical examination dated 06/02/15 reveals tenderness to palpation of the lumbar spine and sacrum, with painful/diminished range of motion and spasms noted. No other abnormal physical findings are included. The patient is currently prescribed Voltaren and Norco. Diagnostic imaging included lumbar MRI dated 05/07/15 with mild disc degeneration at L4-5 noted. Patient is currently classified as temporarily partially disabled. Chronic Pain Medical Treatment Guidelines, page 13 for acupuncture states: See Section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section." This section addresses the use of acupuncture for chronic pain in the workers' compensation system in California. The MTUS/Acupuncture Medical Treatment Guidelines (Effective 7/18/09) state that there should be some evidence of functional improvement within the first 3-6 treatments. The guidelines state if there is functional improvement, then the treatment can be extended. In regard to the request for additional acupuncture, the treater has not provided adequate documentation of functional improvements from previous treatments. While not acupuncture treatment notes were provided, progress report dated 06/02/15 has the following: "The patient reports decreased pain and discomfort with acupuncture treatment, so I request approval for the patient to continue the treatment." Review of medical records does not indicate how many sessions the patient has had. Given patient's condition, sessions of Acupuncture may be indicated. However, MTUS guidelines recommend additional treatments following demonstrated functional improvements attributed to prior sessions. In this case, the treater does not discuss or document specific improvements in ADLs, reduction in work restrictions, nor a reduction in medications to substantiate additional sessions. Therefore, the request IS NOT medically necessary.

**Myofascial release to the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

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

**Decision rationale:** The patient presents on 06/02/15 with unrated neck pain and discomfort. The patient's date of injury is 12/18/13. Patient has no documented surgical history directed at this complaint. The request is for MYOFASCIAL RELEASE TO THE LUMBAR SPINE. The RFA is dated 06/02/15. Physical examination dated 06/02/15 reveals tenderness to palpation of the lumbar spine and sacrum, with painful/diminished range of motion and spasms noted. No other abnormal physical findings are included. The patient is currently prescribed Voltaren and Norco. Diagnostic imaging included lumbar MRI dated 05/07/15 with mild disc degeneration at L4-5 noted. Patient is currently classified as temporarily partially disabled. For massage therapy, the MTUS guideline page 60, "recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases." In regard to the request for myofascial release, the provider has not specified a number of sessions to be completed. Review of the provided medical reports does not show any sessions of massage therapy in the past. It is possible the patient has had massage therapy in the past, but the documentation was not provided. MTUS guidelines support such treatment modalities as an appropriate measure, allowing up to 6 sessions. In this case, the provider does not indicate how many sessions are being requested, therefore compliance with MTUS guidelines in regard to the appropriate duration of therapy cannot be established.

Without the number of sessions to be completed, the request as written cannot be substantiated.  
The request IS NOT medically necessary.