

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0142186 |                              |            |
| <b>Date Assigned:</b> | 08/26/2015   | <b>Date of Injury:</b>       | 06/01/2010 |
| <b>Decision Date:</b> | 09/29/2015   | <b>UR Denial Date:</b>       | 06/29/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/22/2015 |

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

### 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 54-year-old man sustained an industrial injury on 6-1-2010. The mechanism of injury is not detailed. Evaluations include hip x-rays dated 6-6-2013, hip MRI dated 4-24-2013, lumbar spine MRI dated 11-9-2012, lumbar spine x-rays dated 11-9-2012 and 10-12-2011, electromyogram and nerve conduction studies of the bilateral lower extremities dated 1-19-2012, and right knee MRI dated 10-27-2012. Diagnoses include low back pain, hip pain, knee pain, and leg joint pain. Treatment has included oral medications, aquatic therapy, TENS unit therapy, H-wave therapy, and physical therapy. Physician notes dated 6-16-2015 show complaints of low back pain and bilateral knee pain. The worker rates his pain 8 out of 10 without medications and 5 out of 10 with medications. Recommendations include laboratory testing, polysomnography, home exercise program, acupressure and cupping, single point cane; consider right hip injection vs. right piriformis injection, medial branch block, Norco, Colace, and follow up in eight weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupressure/cupping, 6 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) - Acupressure.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Massage and Physical Medicine Page(s): 60, 98-99.

**Decision rationale:** The MTUS Guidelines discuss massage therapy as an option along with other recommended treatments, such as exercise, and it should be limited to four to six visits. Massage is a passive intervention and treatment dependence should be avoided. The limited scientific studies available show contradictory results of benefit. The submitted and reviewed records indicated the worker was experiencing lower back pain, knee pain, anxious and depressed moods, and problems sleeping. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for six sessions of acupuncture with cupping is not medically necessary.