

<b>Case Number:</b>	CM15-0160719		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	05/06/2014
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 65 year old female who sustained an injury on 5-6-14 resulting from a fall with multiple injuries to her upper back, neck, mid and lower back. Diagnoses were cervical, thoracic and lumbar sprain. Prior treatments included medications, physical therapy, cervical traction, acupuncture and transcutaneous electrical stimulation (TENS). The evaluation on 2-9-15 notes the IW has low back pain with sciatica and weakness down her left leg increasing with standing and walking. Also notes 4 out of 10 pain improvements with acupuncture and massage. At this time, the IW has been off work because of limits on her physical capacity. The physical exam reveals tenderness about the upper back neck cervical paravertebral muscles and thorax and cervical rotation bilaterally 60 degrees with discomfort at the endpoints. There is increasing pain with flexing and extending, and is wearing a TENS unit upper back and neck. Diagnostic test include MRI left shoulder and MRI cervical. The PR2 report from 6/9/15 report note diagnoses included closed head injury, concussion; cervical sprain; thoracic sprain, lumbar sprain; right chest wall sprain, possible rib fracture, bilateral pelvic hip sprain, right knee contusion and multiple contusions. The TENS unit at this time is reported to help reduce her pain 4 out of 10 and also helps to reduce medication use. The pain ranges from 2-10 out of 10 and an unrelated pelvic surgery has substantially restricted her activities lifting and walking. The physical examination notes that the IW is trying to do some stretches as best she can and physical therapy was helping reduce the pain from 6-7 out of 10 down to 2-3 out of 10. Work status is modified duty with minimal standing, walking, avoid lifting over 5 pounds. The plan was to increase activities as tolerated and recommend proceeding with massage and acupuncture

for pain control and to improve function. Current requested treatments Acupuncture 1-2 times a week, neck, thoracic spine and low back Quantity: 6 and Massage, 1-2 times a week, neck, thoracic spine and low back, Quantity: 6.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Acupuncture 1-2 times a week, neck, thoracic spine and low back Qty: 6:** Upheld

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

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on acupuncture states: Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Time to produce functional improvement is 3-6 treatments and frequency is 1-3 times per week. Previous acupuncture has not produced documented significant decrease in pain or increase in function. Therefore, additional sessions are not medically necessary.

**Massage, 1-2 times a week, neck, thoracic spine and low back Qty: 6:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

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

**Decision rationale:** The California MTUS section on massage states: 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. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. (Hasson, 2004) A very small pilot study showed that massage can be at least as effective as standard medical care in chronic pain syndromes. Relative changes are equal, but tend to last longer and to generalize more into psychologic domains. (Walach 2003) The strongest evidence for benefits of massage is for stress and anxiety reduction, although research for pain control and management of other symptoms,

including pain, is promising. The physician should feel comfortable discussing massage therapy with patients and be able to refer patients to a qualified massage therapist as appropriate. (Corbin 2005) Massage is an effective adjunct treatment to relieve acute postoperative pain in patients who had major surgery, according to the results of a randomized controlled trial recently published in the Archives of Surgery. (Mitchinson, 2007) The criteria for massage therapy have been met in the provided clinical documentation for review. Therefore, the request is medically necessary.