

<b>Case Number:</b>	CM15-0208304		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	05/18/2014
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: 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:

This is a 27-year-old male with a date of industrial injury 5-18-2014. The medical records indicated the injured worker (IW) was treated for lumbago; thoracic or lumbosacral neuritis or radiculitis, unspecified; unspecified myalgia and myositis; degenerative disc disease-lumbar or lumbosacral; and sacroiliitis, not elsewhere classified. In the progress notes (7-7-15, 8-4-15, 9-1-15), the IW reported constant low back pain with radiation into the bilateral lower extremities, aggravated by bending, walking and sudden movements. Heat and medications improved the pain. He rated the pain 8 out of 10. His pain was 6 out of 10 with medications and 9 out of 10 without them. On examination (9-1-15 notes), there was tenderness to palpation in the bilateral lumbar and sacral spine with spasms at L2 to S1. Straight leg raise was positive bilaterally. Treatments included medications (Ibuprofen, Flexeril, Norco and Tramadol) and physical therapy (at least 6 sessions). The physical therapy notes did not clearly define the IW's response or improved function. The records reviewed did not reflect any previous massage therapy or acupuncture. A Request for Authorization was received for massage therapy, 12 visits, for the low back and acupuncture, 12 visits, for the low back. The Utilization Review on 9-25-15 non-certified the request for massage therapy, 12 visits, for the low back and acupuncture, 12 visits, for the low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage Therapy for 12 Visits to the Low Back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

**Decision rationale:** The patient presents with pain in the low back and bilateral lower extremities. The request is for Massage Therapy for 12 Visits to the Low Back. Physical examination to the lumbar spine on 04/14/15 revealed tenderness to palpation over the lumbar facet joints at L-3 to S-1 and over the sacroiliac joint area. Range of motion was restricted with pain. Treatments to date have included medication, physical therapy, and trigger point injections. Per 08/04/15 progress report, patient's diagnosis include lumbago, thoracic/lumbosacral neuritis / radiculitis unspec, unspecified myalgia and myositis, degenerative disc disease-lumbar / lumbosacral, and sacroiliitis not elsewhere specified. Patient's medications, per 07/07/15 progress report include Ibuprofen, Norco, and Flexeril. Per 06/09/15 progress report, patient is temporarily totally disabled for 4 weeks. MTUS Chronic Pain Medical Treatment Guidelines, Massage Therapy section, page 60 states that it is recommended as an option and as an adjunct with other recommended treatments such as exercise and should be limited to 4 to 6 visits. Massage is a passive intervention and treatment, dependence should be avoided. The treater has not discussed this request; no RFA was provided either. Review of the medical records provided did not indicate prior massage therapy. Given the patient's condition, a short course of therapy would be appropriate. However, the guidelines allow 4-6 sessions of massage therapy and the requested 12 session of therapy exceeds what is allowed by MTUS. Therefore, the request IS NOT medically necessary.

**Acupuncture for 12 Visits to the Low Back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The patient presents with pain in the low back and bilateral lower extremities. The request is for Acupuncture for 12 Visits to the Low Back. Physical examination to the lumbar spine on 04/14/15 revealed tenderness to palpation over the lumbar facet joints at L-3 to S-1 and over the sacroiliac joint area. Range of motion was restricted with pain. Treatments to date have included medication, physical therapy, and trigger point injections. Per 08/04/15 progress report, patient's diagnosis include lumbago, thoracic / lumbosacral neuritis/radiculitis unspec, unspecified myalgia and myositis, degenerative disc disease-lumbar/lumbosacral, and sacroiliitis not elsewhere specified. Patient's medications, per 07/07/15 progress report include Ibuprofen, Norco, and Flexeril. Per 06/09/15 progress report, patient is temporarily totally disabled for 4 weeks. MTUS 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. The treater has not discussed this request; no RFA was provided either. Review of the medical records provided did not indicate prior acupuncture treatments this patient may have had. The patient continues with pain in the lower back and bilateral lower extremities and a short course of acupuncture treatment would be

indicated. However, the request is for 12 sessions of acupuncture which exceeds guideline recommendations. Therefore, the request IS NOT medically necessary.