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| <b>Case Number:</b>   | CM15-0021536 |                              |            |
| <b>Date Assigned:</b> | 02/11/2015   | <b>Date of Injury:</b>       | 06/17/2014 |
| <b>Decision Date:</b> | 03/25/2015   | <b>UR Denial Date:</b>       | 01/15/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/04/2015 |

### 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: Oriental 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:

The injured worker is a 49 year old male, who sustained a work related injury on 5/17/14. The diagnoses have included thoracolumbar myofascial pain, lumbar sprain and lumbago. Treatments to date have included 18 sessions of acupuncture, TENS unit therapy, MRI of the lumbar spine, home exercise program and work modifications. In the PR-2 dated 12/3/14, the injured worker complains of back pain which is improving with physical therapy. He is having lesser left thigh symptoms. He has some slight tenderness to palpation of lower back. He has moderate range of motion in lower back. On 1/15/15, Utilization Review non-certified a request for 8 sessions of accupressure to the lumbar spine. The ODG was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 sessions of accupressure to the 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, 11th Edition, 2014, Low Back, Lumbar and Thoracic, Accupressure

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Not recommended due to the lack of sufficient

literature evidence (1 Chinese study). There are promising initial results. Acupressure, the use of fingers rather than needles (as in acupuncture) to press on various points in the body, conferred an 89% reduction in significant disability compared with physical therapy in this RCT conducted in Taiwan".

**Decision rationale:** The patient underwent previously acupuncture/acupressure x 12 on or around August, 2014 with "50% improvement and then plateau'd" (reports from the provider dated 09-19- and 10-17-14). No specifics were documented as to the functional improvements obtained with such care. The provider requested acupressure x 8. The guidelines (MTUS) are silent in regard to acupressure. ODG (Official Disability Guidelines) does not support acupressure due to a lack of sufficient literature evidence, therefore the request is not supported by evidence based guidelines, as medically and necessary.