

Case Number:	CM15-0035999		
Date Assigned:	03/04/2015	Date of Injury:	01/08/2013
Decision Date:	04/14/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/25/2015

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, Hawaii
 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 61 year old male, who sustained an industrial injury on January 8, 2013. The diagnoses have included degenerative lumbar-lumbosacral disc, lumbosacral spondylosis, lumbago and thoracic/lumbar neuritis/radiculopathy. A progress note dated January 9, 2015 provided the injured worker complains of chronic low back pain rated 3-4/10 with medication. It is noted that there are no new findings for the lumbar regions. Plan is to try acupressure. On February 11, 2015 utilization review non-certified a request for acupressure sessions (lumbar) 1x5 weeks. The Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated February 25, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupressure sessions (lumbar) 1x5 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Low Back Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Acupressure.

Decision rationale: The patient presents with chronic low back pain and radiculopathy. The current request is for acupressure sessions (lumbar) 1x5 weeks. The treating physician states on 1/9/15 (B144) " Trial of acupressure x5 visits. Goal improved pain, function capacity and reduce medication use. Acupuncture not an option due to history of MRSA." ODG states the following with regarding Acupressure: "Not recommended due to the lack of sufficient literature evidence." In this case, the requested treatment is not supported by evidence-based guidelines. The current request is not medically necessary and the recommendation is for denial.