

Case Number:	CM15-0037909		
Date Assigned:	03/10/2015	Date of Injury:	06/08/2007
Decision Date:	04/20/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/27/2015

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:

The injured worker is a 48-year-old female with an industrial injury dated 01/22/2015. She states on the date of injury she was attempting to position another patient when she strained her low back. She presents on 01/20/2015 with complaints of back pain with radiation into her bilateral hips. She reports the pain is made slightly better with using the Jacuzzi, steam room and stretching. Spasm and guarding of lumbar spine was noted. Prior treatment includes TENS unit (with benefit), acupuncture (which decreased her pain), lumbar epidural steroid injections, massage therapy (which also helped) and medications. Diagnoses were disorders of sacrum and sciatica. On 02/16/2015 the request for acupuncture times 6 to the lumbar spine was non-certified by utilization review. Massage therapy times 6 sessions to lumbar spine was non-certified by utilization review. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: This patient has a date of injury of 06/08/2007 and continues to complain of low back pain with radiation of pain into her bilateral hips with numbness and tingling into the lower extremities. The current request is for acupuncture x6. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, the MTUS Guidelines requires functional improvement as defined by Labor Code 9792.20e a significant improvement in ADLs, or change in work status and AND reduced dependence on medical treatments. According to progress report dated 01/20/2015, the patient has finished acupuncture, and she would like to continue with this therapy. The patient reported that acupuncture gave her "30% pain decrease which lasted anywhere from 5 days up to a week depending on activity." It was noted that acupuncture helped the patient to relax and feel less tense; therefore, decreasing her pain. The utilization review denied the request stating that documentation does not support the medical necessity as there is no significant reduction in medication, and the patient is not in active rehabilitation program. There are no acupuncture treatment reports; therefore, it is unclear how many treatments the patient has received thus far. The treating physician has documented that the patient has received some decrease in pain with prior acupuncture treatments. However, there was no discussion of change in ADL's or work status and no discussion of reduction in medication or dependence on medical treatments. Given the lack of documented functional improvement AND reduction in medical treatments, the additional sessions cannot be supported. This request IS NOT medically necessary.

Massage Therapy x 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 therapy Page(s): 60.

Decision rationale: This patient has a date of injury of 06/08/2007 and continues to complain of low back pain with radiation of pain into her bilateral hips with numbness and tingling into the lower extremities. The current request is for massage therapy x6. The MTUS Chronic Pain Medical Treatment Guidelines, page 60 for Massage therapy 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. The utilization review denied the request for massage therapy stating that massage is a passive intervention and treatment dependence should be avoided, and the claimant is not participating in any additional non-passive treatments. There is no indication of prior massage therapy. Given the patient's continued pain, a trial of up to 6 treatments is supported by MTUS. This request IS medically necessary.

