

<b>Case Number:</b>	CM15-0041487		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	02/20/2006
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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: Preventive Medicine, Occupational 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 43 year old male, who sustained an industrial injury on February 20, 2006. Treatment to date has included lumbar surgery, massage therapy, physical therapy, acupuncture therapy and medications. Imaging of the lumbar spine reveals a normal alignment of the spine and stable fusion of the spine L4-S1 with pedicle screws and rods; and mild degeneration of L2-3 and L3-4. Currently, the injured worker complains of intractable pain and is considering whether to have his hardware removed. He reports psychiatric sequel in response to his pain to include agitation, suicidal ideation, isolation and insomnia. The evaluating physician notes that driving exacerbates the injured worker's orthopedic infirmities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transportation to and from acupuncture and massage:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Department of Health Care Services Criteria Manual Chapter 12.1, Criteria for Medical Transportation and Related Services Non-emergency medical transportation.

**Decision rationale:** In regards to the request for transportation to and from acupuncture and massage, this is not a medical service for the cure or relief of an industrial injury, and is therefore not within the scope of utilization review as described within LC4610 and 8CCR9792 et seq. Because this service is not within the scope of utilization review, and because 8CCR9792.6 defines authorization as an assurance of reimbursement, this item must be non-certified. Please note that this outcome is purely procedural, and is not intended and should not be interpreted as a valid opinion regarding whether this service is or is not necessary; and is or is not compensable. These questions are outside the scope of utilization review, and are properly left to the claims administrator. For these reasons, it is recommended that the request for transportation to and from acupuncture and message should be non-certified.