

<b>Case Number:</b>	CM15-0086357		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	08/14/2012
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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 62 year old female sustained an industrial injury on 8/14/12. She subsequently reported Diagnoses include lumbar and cervical herniated nucleus pulposus, lumbar disc disease and cervical disc disease. Treatments to date include x-ray and MRI testing, chiropractic care, acupuncture, physical therapy and prescription pain medications. The injured worker continues to experience low back pain and tightness of the hamstring with range of motion. Upon examination, there is reduced range of motion, positive stiffness, positive trapezius and rhomboid spasm left greater than right and positive Spurling's noted. A request for 8 acupuncture treatments to the cervical and lumbar spine, 12 physical therapy treatments to the cervical, lumbar spine and left knee and 8 massage therapy treatments to the cervical and lumbar spine was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 acupuncture treatments to the cervical and lumbar spine:** Upheld

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

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

**Decision rationale:** Current clinical exam show no physical impairments or clear dermatomal/myotomal neurological deficits to support for treatment with acupuncture. The patient has completed therapy without functional improvement. There are no clear specific documented goals or objective measures to identify for improvement with a functional restoration approach for this chronic injury with ongoing chronic pain complaints. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. It is unclear how many acupuncture sessions the patient has received for this chronic injury nor what specific functional benefit if any were derived from treatment. Submitted reports have not demonstrated functional improvement or medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The 8 acupuncture treatments to the cervical and lumbar spine is not medically necessary and appropriate.

**12 physical therapy treatments to the cervical spine, lumbar spine and left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The 12 physical therapy treatments to the cervical spine, lumbar spine and left knee is not medically necessary and appropriate.

**8 massage therapy treatments to the cervical and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS 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 ODG Pain Chapter, Myofascial Pain/therapies, page 772-773.

**Decision rationale:** Massage is recommended for time-limited use in subacute and chronic pain patients without underlying serious pathology and as an adjunct to a conditioning program that has both graded aerobic exercise and strengthening exercises; however, this is not the case for this chronic injury status post significant conservative physical therapy currently on an independent home exercise program without plan for formal physical therapy sessions. The patient has continued to treat for chronic symptoms. A short course may be appropriate during an acute flare-up, red-flag conditions, or progressive deterioration; however, this has not been demonstrated nor are there any documented clinical change or functional improvement from treatment rendered previously. Without any new onset or acute changes, criteria for massage therapy have not been established per MTUS Chronic Pain Guidelines. The 8 massage therapy treatments to the cervical and lumbar spine is not medically necessary and appropriate.