

Case Number:	CM15-0233978		
Date Assigned:	12/09/2015	Date of Injury:	06/18/2008
Decision Date:	01/29/2016	UR Denial Date:	11/25/2015
Priority:	Standard	Application Received:	11/30/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 37 year old male sustained an industrial injury on 6-18-08. Documentation indicated that the injured worker was receiving treatment for chronic low back pain with degenerative disc disease. Previous treatment included physical therapy, epidural steroid injections and medications. In a PR-2 dated 11-10-15, the injured worker complained of ongoing low back pain radiating to bilateral legs, rated 8 out of 10 on the visual analog scale. Physical exam was remarkable for lumbar spine with tenderness to palpation to the lumbar facets, lumbar flexion 45 degrees, extension 10 degrees with facet loading pain, positive bilateral straight leg raise, 5 out of 5 lower extremity strength and decreased sensation in bilateral L4 and L5 distributions. The injured worker was working full time. The treatment plan included acupuncture therapy, once a week for eight weeks and medications (Diclofenac, Protonix and topical compound cream). On 11-24-15, Utilization Review non-certified a request for acupuncture therapy for the low back, once a week for eight weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture therapy for the low back 1 time a week for 8 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), Low Back (updated 09/22/15) - Online Version, Acupressure.

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

Decision rationale: The MTUS Guidelines do not address acupressure. The ODG, however, states that acupressure is not recommended due to the lack of sufficient literature evidence. There are promising initial results in one study, however. Acupressure conferred an 89% reduction in significant disability compared with physical therapy in an RCT conducted in Taiwan. However, because the study was conducted in a country where acupressure is widely accepted, the results may be hard to replicate in the U.S. Some have suggested self-applied acupressure can be used by patients on their own as part of home physical therapy. In the case of this worker, there was a request for acupressure therapy, however, due to the Guidelines not recommending it, this request will be regarded as medically unnecessary.