

Case Number:	CM13-0019049		
Date Assigned:	12/18/2013	Date of Injury:	05/05/1999
Decision Date:	02/05/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 5, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; prior L4-L5 microdiscectomy in 2001; attorney representation; unspecified amounts of acupuncture over the life of the claim; traction; and apparent imposition of the permanent work restrictions. In a Utilization Review Report of August 26, 2013, the claims administrator partially certified two sessions of acupuncture and two sessions of massage therapy. A followup appointment is also certified. The applicant's attorney appealed the partial certifications for acupuncture and massage. In an applicant questionnaire of October 9, 2013, applicant acknowledges that she has had prior acupuncture. She states that she is working full duty and reports 4/10 pain. In a progress note of October 29, 2013, the applicant states that the combination of acupuncture and massage is resulting in 40% reduction in pains score. The applicant is receiving monthly manipulative therapy. 10 additional sessions of acupuncture and massage therapy are sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture therapy, twelve (12) sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Low back

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in MTUS 9792.24.1.C.1, the time deemed necessary to produce functional improvement following introduction of acupuncture is three to six treatments. The 12 session course of acupuncture being proposed here would, alone, represent a treatment in excess of that endorsed in MTUS. It is further noted that the applicant has had extensive acupuncture over the life of the claim and has seemingly reached a plateau with the same. Although the applicant has returned to regular duty work, the 12-session course cannot be approved here as this represents treatment well in excess of the guideline.

Massage in conjunction with acupuncture therapy, twelve (12) sessions: Upheld

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 Page(s): 60.

Decision rationale: As noted on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines, massage therapy should be an adjunct to other recommended treatments such as exercises and should be limited to four to six visits in most cases. In this case, the 12 sessions of treatment being proposed here would, alone, represent treatment in excess of the MTUS-endorsed course. No compelling rationale for this treatment has been proffered at this late day, several years removed from the date of injury. Therefore, the request remains non-certified, on Independent Medical Review.