

Case Number:	CM14-0158612		
Date Assigned:	10/02/2014	Date of Injury:	08/03/2010
Decision Date:	10/29/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	09/29/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 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/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 patient is a 64-year-old male with a date of injury of 08/03/2012. The listed diagnoses per [REDACTED] are lumbar disk displacement without myelopathy and sciatica. According to progress report, 09/12/2014, the patient presents with continued low back pain. It was noted that patient "has done with judicious and occasional usage of acupuncture treatment and myofascial therapy sessions to address occasional flare-ups of the low back pain." Objective findings revealed tenderness to palpation on the lower lumbar paraspinal muscle, and lumbar flexion continued to be limited to approximately 35 degrees. Straight leg raise test was positive bilaterally. Patient had decreased sensation in the bilateral lumbar distribution. The physician is requesting continued myofascial therapy sessions 1 times 6 and acupuncture sessions 1 times 6. Utilization review denied the request on 09/25/2014. Treatment reports from 04/17/2014 through 09/12/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued myofascial therapy sessions (lumbar) 1x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines massage therapy Page(s): 60.

Decision rationale: This patient presents with continued low back pain. The physician is requesting the patient continue with myofascial therapy sessions 1 time a week for 6 weeks. Reports 06/04/2014, indicates that the patient has completed 6 sessions of myofascial therapy with noted benefit including decreased tightness in the low back and legs. Myofascial release therapy is similar to massage therapy. The MTUS Guidelines under its Chronic Pain Section has the following regarding massage therapy, "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 to 6 visits in most cases." Medical records indicate the patient has been utilizing this modality on and off for flare-ups. The patient has received 6 sessions which ended on April of 2014. MTUS Guidelines state that massage therapy is beneficial in accentuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. This is a passive intervention and dependence should be avoided. In this case, the physicians request for 6 additional sessions with the 6 already received exceeds what is recommended by MTUS. Recommendation is for denial.

Continued acupuncture sessions (lumbar) 1x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines acupuncture for pain Page(s): 98.

Decision rationale: This patient presents with continued low back pain. The physician is requesting continuation of acupuncture sessions 1 time a week for 6 weeks. For acupuncture, the MTUS Guidelines page 98 recommends acupuncture for pain, suffering, and the restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement, 1 to 3 times per week with optimum duration of 1 to 2 months. In this case, progress report 06/04/2014, indicates that the patient has completed 5 of the 6 previously authorized acupuncture sessions. It was noted that the patient continues to report "significant" improvements in pain control with this modality. Although the physician has noted improvement with acupuncture treatments, there is no specific improvements in activities of daily living or reduction in work restrictions AND reduced medication dependence as required by MTUS. Given the lack of sufficient documentation of functional improvement as defined by labor code 9792.20(e), recommendation is for denial.