

<b>Case Number:</b>	CM15-0030520		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	11/22/1989
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: Utah, Arkansas  
 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:

The injured worker is a 52 year old male, who sustained an industrial injury on 11/22/89. The submitted documentation does not indicate the initial complaints. The injured worker was diagnosed as having cervical, thoracic and lumbar segmental dysfunction. Treatment to date has included acupuncture; physical therapy; TENS unit; medications. Currently, the PR-2 notes dated 9/14/14 indicates the injured worker is presently experiencing frequent to moderate/slight mid back pain. He is currently taking prescribed medications Tramadol and Gabapentin. The medical documentation submitted demonstrates ongoing same said pain that is chronic in nature. The provider is requesting ongoing massage therapy x4 over the next 60 days and acupuncture x3 visits for the lumbar, thoracic and cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage therapy x 4 over the next 60 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
 Massage therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy, Page 60.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Massage Therapy. MTUS guidelines state the following: massage is recommended as an option. This treatment should be an adjunct to other recommended treatment, (e.g. exercise) and it should be limited to 4-6 visits in most cases. There is documentation that states the patient has completed six visits previously of massage therapy, with little improvement. The current request would exceed the recommended amount of sessions. According to the clinical documentation provided and current MTUS guidelines; additional massage therapy, as requested above, is not medically necessary to the patient at this time.

**Acupuncture x 3 visits lumbar, thoracic and cervical spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Back complaints, page(s) 299-301.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The guidelines state for back pain: Acupuncture has not been found effective in the management of back pain, based on several high-quality studies, but there is anecdotal evidence of its success. According to the clinical documentation provided and current MTUS guidelines, the request for Acupuncture is not medically necessary to the patient at this time.