

Case Number:	CM15-0098595		
Date Assigned:	05/29/2015	Date of Injury:	03/22/2013
Decision Date:	06/30/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/21/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 54-year-old female sustained an industrial injury on 3/23/13. She subsequently reported back pain. Diagnoses include discogenic low back pain. Treatments to date include MRI and x-ray testing, physical therapy, massage, acupuncture and prescription pain medications. The injured worker continues to experience low back pain that radiates into the buttocks. Upon examination, tenderness is noted in the lower paraspinals and the facets on the right of the lower lumbar spine. Lumbar range of motion is fairly full. Straight leg raising causes pain to the right buttock. Babinski is down going, sensation is intact and strength is 5/5 bilaterally on the lower extremities. A request for massage therapy times 6 additional to lumbar and acupuncture times 6 additional to lumbar 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:

Massage therapy times 6 additional to lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Massage therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, massage therapy six additional to the lumbar spine is not medically necessary. Massage is a passive intervention and considered an adjunct to other recommended treatment, especially active interventions (e.g. exercise). Massage therapy should be limited to 4-6 visits in most cases. See the guidelines for details. Massage therapy is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. In this case, the injured worker's working diagnoses are chronic low back pain and discogenic low back pain. The documentation indicates the worker received prior massage therapy that was "significantly helpful". The number of massage therapy visits is not specified in the record. Massage therapy should be limited to 4-6 visits in most cases. There are no compelling clinical facts in the medical record indicating additional massage therapy is clinically indicated. Subjectively, according to a May 5, 2015 progress note, the injured worker sustained a low back injury and has a pain score of 3-4/10. Objectively, there is no tenderness palpation over the lumbar spine. There is tenderness to help patient over the sacroiliac joints. Consequently, absent compelling clinical documentation indicating additional massage therapy is clinically warranted, massage therapy six additional to the lumbar spine is not medically necessary.

Acupuncture times 6 additional to lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Acupuncture therapy.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture six additional to the lumbar is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are chronic low back pain and discogenic low back pain. The documentation indicates the injured worker received six prior acupuncture treatments that were "significantly helpful". The guidelines recommend 3-4 visits over two weeks. With evidence of objective functional improvement, additional acupuncture may be indicated. There is no documentation demonstrating objective functional improvement with the six prior acupuncture sessions. There are no compelling clinical facts indicating additional acupuncture is currently indicated. Additionally, physical examination does not show tenderness to palpation over the lumbar spine. Consequently, absent clinical documentation with objective functional improvement from prior acupuncture treatment/sessions, acupuncture six additional to the lumbar is not medically necessary.