

Case Number:	CM13-0023553		
Date Assigned:	04/25/2014	Date of Injury:	12/18/2008
Decision Date:	06/10/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/12/2013

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 and 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 32-year-old with an injury date on 12/18/08. Based on the 8/26/13 progress report provided by the provider, the diagnoses are: lumbosacral sprain/strain injury, lumbosacral disc injury with status post surgery, myofascial pain syndrome, and lumbosacral radiculopathy. The exam on 8/26/13 showed "decreased lumbosacral range of motion. Motor strength is 5/5 in the lower extremities. Positive straight leg raise test bilaterally." The provider is requesting electro acupuncture 2x a week for 4 weeks with infrared and myofascial release to the L-spine. The utilization review determination being challenged is dated 8/30/13. The provider is the requesting provider, and he provided treatment reports from 2/8/13 to 8/26/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRO ACUPUNCTURE TWO TIMES A WEEK FOR FOUR WEEKS WITH INFRARED AND MYOFASCIAL RELEASE TO THE LUMBAR: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the 8/26/13 report by the provider, this patient presents with "flare-up of pain and discomfort involving lower back, left leg, pain radiating to mid back region. The provider is requesting electro-acupuncture treatment for increased pain and discomfort." The request is for electro acupuncture 2x a week for 4 weeks with infrared and myofascial release to the L-spine. On 2/8/13 patient has returned to work at modified capacity. On 5/3/13, patient reports increase in left hip pain. The medications are not sufficient in managing neuropathic pain, and a decreased lumbosacral range of motion. On 6/19/13, the patient received an epidural steroid injection at L2-L3 without improvement per 6/26/13 report. The reviews of the reports do not show prior acupuncture treatments. A 8/26/13 report states: "For flare-up and discomfort, I recommended patient to have electro-acupuncture as this treatment has been quite helpful in past to improve activities of daily living, allowing her to work without interruption." The MTUS acupuncture guidelines allow additional acupuncture treatments for functional improvement. The reviews of the reports show that the patient has not recently had acupuncture and the patient has returned to work with increased symptoms. The request for 8 sessions of acupuncture is medically reasonable and consistent with the MTUS guidelines. The recommendation is for authorization.