

Case Number:	CM13-0031434		
Date Assigned:	12/04/2013	Date of Injury:	04/14/2010
Decision Date:	01/21/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/03/2013

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 Pain Management, has a subspecialty in Disability Evaluation, 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:

This 42 years old female with injury date 04/14/2010. She has a history of reported lumbar spine and left lower extremity radiculopathy conditions, of which she had extensive conservative treatment including acupuncture, physical therapy, epidural steroid injections and extracorporeal shock wave therapy (ESWT). She was determined not to be a surgical candidate. She also had acupuncture treatment in January, 2012; and a new request for electro-acupuncture was denied for last of medical necessity.

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 six weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to Occupational Medicine Practice Guidelines page 300, 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. Therefore the request for Electro-Acupuncture is not medically necessary.

