

Case Number:	CM13-0040640		
Date Assigned:	12/20/2013	Date of Injury:	09/29/2007
Decision Date:	02/12/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/29/2013

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 licensed as a Chiropractor, has a subspecialty in Acupuncture 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 66-year-old male with a date of injury of 9/29/2007. According to the progress report dated 9/16/2013, the patient complained of low back pain. He also noted right leg and left hip pain. Significant objective findings include decreased right ankle strength, decreased lumbosacral range of motion, motor strength 5/5 in the lower extremities. The patient has a drop foot which he uses a right ankle foot orthosis to assist him with walking. There was a positive straight leg raise test. The patient was diagnosed with lumbosacral sprain/strain injury, lumbosacral disc injury, lumbosacral radiculopathy, right foot drop, status post lumbosacral fusion, and right lumbosacral radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of Electro Acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines recommend acupuncture for pain. The guidelines recommend a trial of 3 to 6 treatments with a frequency of 1 to 3 times a week over 1 to 2 months to produce functional improvement. Acupuncture treatments may be

extended if functional improvement is documented as defined in section 9792.20(f). The patient has chronic low back pain and takes Lyrica, Flexeril, and Cymbalta to manage his symptoms. According to the supplemental medical legal report dated 9/30/2013 by [REDACTED], [REDACTED], it was noted that electroacupuncture was previously authorized beginning 5/2012 and that any ongoing electroacupuncture needs to be authorized concomitant with showing of functional improvement. There was no evidence of documentation of functional improvement through acupuncture in the submitted documents. Therefore, the provider's request for 6 sessions of acupuncture is not medically necessary at this time.