

Case Number:	CM13-0047828		
Date Assigned:	04/04/2014	Date of Injury:	09/18/2005
Decision Date:	06/10/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/04/2013

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 Occupational Medicine 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 65 year old male who was injured on 09/18/2006. The mechanism of injury is unknown. Prior treatment history has included sessions of physical therapy, chiropractic therapy, aquatic therapy, acupuncture, and TENS unit. The patient underwent therapeutic percutaneous epidural decompression neuroplasty of lumbosacral nerve root for anagelsic bilaterally at T12, L1, L2, L3, L4, L5, and S1 levels bilateral medial branch blocks to the lumbar facet joints at the L2-L3, L3-L4, L4-L5 and L5-S1 level. Supplemental report dated 08/23/2013 indicates the patient has complaints of frequent pain in his lower back traveling to his right leg, right buttock which he describes as aching, tight, and shooting. He rates his pain as an 8/10 VAS scale. He also complains of numbness. The patient notes that his pain is improving. The patient complains of increased pain with prolonged walking. There are radicular symptoms of the right lower extremity. Objective findings on exam revealed minor's sign, Valsalva, Kemp's test/facet Braggard's test are positive bilaterally; Tall walking is negaitve bilaterally; Yeoman's test reveals pain bilaterally. Straight leg raise seated test is positive bilaterally and has no loss of sensibility, abnormal sensation or pain in the all dermatomes of bilateral lower extremity. There is active movement against gravity with full resist of myotomes from L2-S2 bilaterally. At level T12-L1, L1-L2, L2-L3, L3-L4, L4-L5, and L5-S1 palpation reveal moderate paraspinal tenderness bilaterally. Lumbar spine range of motion exhibits flexion to 45 degrees; lumbar spine extension to 10 degrees; lumbar spine lateral bending to 20 degrees bilaterally; lumbar spine rotation is 20 bilaterally. Diagnoses are displacement of lumbar intervertbral disc without myelopathy; thoroacic or lumbosacral neuritis or radiculitis unspecified; lumbar sprain and thoracic sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX ELECTROACUPUNTURE SESSIONS FOR THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the CA MTUS guidelines, acupuncture with electrical stimulation is recommended in cases of chronic pain conditions, radiating pain along a nerve pathway, muscle spasms, inflammation, scar tissue pain and pain located in multiple sites. The medical records document the patient is diagnosed with displacement of lumbar intervertebral disc without myelopathy, lumbar neuritis, lumbar sprain, and thoracic sprain. The patient received several sessions of physical therapy, chiropractic treatment and acupuncture in the past. Records fail to establish clinically significant improvement in pain or function attributable to acupuncture. The optimal total course of acupuncture is up to 2 months, which the patient is well beyond. There has not been a reduction in the dependency on continued medical treatments, and further procedures are being considered. Medical necessity for additional acupuncture is not established.