

Case Number:	CM13-0051895		
Date Assigned:	06/20/2014	Date of Injury:	04/14/2010
Decision Date:	07/17/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/17/2013

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 and is licensed to practice in Nevada. 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 injured worker is a 43 year-old female was reportedly injured on April 14, 2010. The mechanism of injury is not listed in the records reviewed. The most recent progress note dated August 6, 2013 indicates there are ongoing complaints of worsening mid and lower back pain. Pain level is 8/10. Pain is described as aching, sharp, deep with radiation to left buttocks and hip. Stiffness and tingling is documented. Stabbing, non radiating thoracic pain is also documented. The physical examination demonstrated hyper tonicity of cervical, thoracic and lumbar muscles. Range of motion is as follows: Flexion 50 degrees, extension 15 degrees, right lateral bends 20 degrees and left bends 25 degrees. Range of motion of dorsal spine reveals rotation to right of 35 degrees and to the left at 30 degrees. Bilateral straight leg raises were present as well as positive Kemps. Diagnostic imaging studies are not documented. Previous treatment includes physical therapy, acupuncture, epidural steroidal injections, oral meds, and extracorporeal shock therapy. A request was made for electro acupuncture twelve visits and was denied in the pre-authorization process on September 12, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electroacupuncture 2 times a week for 6 weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 13.

Decision rationale: There are some uses for acupuncture in chronic pain such as when pain medication is not tolerated or reduced, as an adjunct to rehabilitation and/or surgical intervention to hasten functional recovery. Based on the documentation provided, there is no clinical evidence to support the need for acupuncture with stimulation. There is no record of failure with oral meds or reduction in meds, therefore the request is not medically necessary.