

<b>Case Number:</b>	CM14-0017638		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	12/13/2012
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Internal Medicine, has a subspecialty in Addiction Detoxification and is licensed to practice in New York. 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 applicant is a represented female, employed as a health care worker for [REDACTED] who filed a claim for a sustained injury to her lower back causing bilateral pain and radiculopathy to the buttocks and lower extremities. Apparently the applicant while preventing her obese patient from falling off the shower chair, squatted and pulled something in her back; feeling it immediately in her legs. The documented date of injury is 12/13/12. Since then, this applicant has received chiropractic care, acupuncture with electric stimulation, physical therapy, EMG/NCV electro-diagnostic studies and pain and anti-inflammatory medications. She continues to complain of low back pain. On exam there is decreased range of motion of the lumbar spine. Straight leg raise is positive bilaterally and there are multiple trigger points in the lumbosacral paraspinal musculature. Motor and sensory exams are normal. The treating provider has requested continuation of electro-acupuncture 2 x per week for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CONTINUE ELECTRO-ACUPUNCTURE 2 X PER WEEK FOR THE LUMBAR SPINE:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The treating physician states the claimant has responded positively and gained better function with her daily activities with electro-acupuncture therapy. There are no details or specifics of functional improvement documented. No objective measurable findings have been demonstrated. As noted in MTUS 9792.24.1.d, acupuncture treatments may be extended if functional improvement as defined in section 9792.20f exists and is documented. Medical necessity for the requested service has not been established. The requested service is not medically necessary.