

Case Number:	CM14-0025327		
Date Assigned:	06/11/2014	Date of Injury:	11/20/2011
Decision Date:	07/15/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/27/2014

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 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 injured worker is a 40 year old male whose date of injury is 11/20/2011. The mechanism of injury is not documented, but the injured worker is noted to complain of low back pain. Current diagnoses include lumbosacral disc injury; lumbosacral radiculopathy; lumbosacral sprain/strain. Objective findings noted decreased lumbosacral range of motion; 5/5 motor strength in the bilateral lower extremities; deep tendon reflex (DTRs) 2/2; light touch sensation decreased in the left leg; positive straight leg raise in the left leg. It is noted that the injured worker is not taking any oral medications, but does have Mobic 7.5mg to take if needed. The injured worker was encouraged to do exercises at no pain range and to apply modality treatment for pain control on an as needed basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRO-ACUPUNCTURE TIMES 8 VISITS 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: There is no comprehensive history of treatment to date for this injury that occurred in 2011. The records provided do not indicate if the injured worker has had a trial of

physical therapy, chiropractic, acupuncture or other conservative measures. The request as submitted for eight visits of electro-acupuncture exceed the guideline recommendations for an initial trial of 3 to 6 treatments, with additional treatments if there is documentation of functional improvement. Based on the clinical information provided, the proposed electro-acupuncture x 8 visits for the lumbar spine is not medically necessary.