

<b>Case Number:</b>	CM14-0026017		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	05/25/2012
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 29 year old male whose date of injury is 05/25/2012. The mechanism of injury is described as loading a bag onto a car. He completed an initial course of physical therapy without significant benefit. Electrodiagnostic study (EMG/NCV) dated 12/09/13 revealed evidence suggestive of left S1 radiculopathy. Note dated 02/04/14 indicates that electro-acupuncture treatment has been helpful to decrease his pain and discomfort. Diagnoses are lumbosacral disc injury, lumbosacral disc bulge, lumbosacral sprain/strain injury, and left S1 lumbosacral radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ELECTRO-ACUPUNCTURE 2X8 LUMBAR WITH INFRARED AND MYOFASCIAL RELEASE:** Upheld

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

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

**Decision rationale:** California Medical Treatment Utilization Schedule Guidelines note that optimum duration of treatment is 1-2 months, and there is no clear rationale provided to support exceeding this recommendation. There is no current, detailed physical examination submitted for

review and no specific, time-limited treatment goals are provided. The submitted records indicate the injured worker has undergone a course of electro-acupuncture; however, the number of sessions completed to date and the injured worker's objective functional response to treatment are not documented. Based on the clinical information provided, the request for electro-acupuncture 2 x 8 lumbar with infrared and myofascial release is not recommended as medically necessary.