

<b>Case Number:</b>	CM15-0137386		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	07/30/2008
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 56 year old female sustained an industrial injury on 7/30/08. She subsequently reported upper back pain. Diagnoses include myofascial pain syndrome, repetitive strain injury, lumbar and cervical strain and sprain and lumbar disc displacement. Treatments to date include MRI and x-ray testing, acupuncture, physical therapy and prescription pain medications. The injured worker continues to experience low back, right shoulder and wrist pain. Upon examination, lumbar range of motion was decreased with spasm and trigger points noted. A request for Electro Acupuncture with Infrared Heat and Myofascial Release 2 x 3 for the Low Back was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Electro Acupuncture with Infrared Heat and Myofascial Release 2 x 3 for the Low Back:**

Upheld

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

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

**Decision rationale:** Regarding the request for Electro Acupuncture with Infrared Heat and Myofascial Release, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it is noted that the patient has undergone acupuncture previously, but there is no documentation of objective functional improvement from the therapy already provided. As such, the currently requested Electro Acupuncture with Infrared Heat and Myofascial Release is not medically necessary.