

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0127551 | | |
| Date Assigned: | 08/15/2014 | Date of Injury: | 05/29/2013 |
| Decision Date: | 09/19/2014 | UR Denial Date: | 07/28/2014 |
| Priority: | Standard | Application Received: | 08/11/2014 |

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 California and 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 45 year old male who was injured on 05/29/13. The mechanism of injury is undisclosed. The injured worker complains of constant low back pain with right lower extremity radiculopathy symptoms that occur sporadically. The injured worker is diagnosed with a sprain of the lumbar region. Treatment has reportedly included home exercises, acupuncture and antiinflammatory medications such as Motrin 800 milligrams. Progress report dated 07/16/14 notes the injured worker demonstrates negative bilateral straight leg raise (SLR) seated, 5/5 quadriceps strength and tenderness in the bilateral paraspinal muscles. This is a request for acupuncture with electrical stimulation twice per week for three weeks for the lumbar spine. There are no therapy notes submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture with Electrical Stimulation 2xwk X 3wks Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Medical Treatment Guidelines states, acupuncture treatments may be extended if functional improvement is documented as functional improvement

as either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit and a reduction in the dependency on continued medical treatment. The records submitted for review did not include the injured worker's response to previous participation in acupuncture therapy. Records do not demonstrate a clinically significant improvement in activities or a reduction in dependency on continued medical treatment. Based on the clinical information provided, medical necessity of acupuncture with electrical stimulation twice per week for three weeks is not established.