

Case Number:	CM14-0074292		
Date Assigned:	07/16/2014	Date of Injury:	05/31/2012
Decision Date:	08/22/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/21/2014

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 Chiropractic and Acupuncture 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 42 year old male who reported neck, low back, shoulder and inguinal pain from injury sustained on 05/31/12 due to a slip and fall. MRI (2013) of the cervical spine revealed 2mm disc protrusion at C4-5/C5-6. MRI of the left knee revealed prominent labulated structure, which may represent varicosities. MRI (2012) of the lumbar spine revealed disc desiccation at L4-5, L5-S1; 5-6mm disc protrusion at L5-S1; 1-2mm concentric disc bulge at L4-5. Patient is diagnosed with cervical sprain/strain; shoulder and upper arm sprain/strain; lumbar disc displacement. Patient has been treated with medication, epidural injections, hernia surgery, and acupuncture. Per medical notes dated 02/20/14, patient complains of continuous bilateral inguinal pain, painful ambulation. Pain is rated at 7/10, controlled with Norco. Per medical notes dated 03/25/14, patient had an epidural injection for the low back and reported 50% relief which lasted one week. Patient complains of pain in his neck, which radiates into bilateral upper extremity. Examination revealed tenderness to palpation and muscle rigidity with decreased range of motion. Per acupuncture progress notes dated 04/14/14, patient is status post inguinal hernia surgery. Patient complains of severe pain in the lumbar spine and inguinal area rated at 9/10. Per acupuncture progress notes dated 04/15/14, patient complains of sensitivity and severe pain in inguinal region. Pain is rated at 9/10. Examination revealed tenderness to palpation. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2XWk X 6Wks Bilateral inguinal hernia: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Acupuncture Medical treatment Guidelines pages 8-9. Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. Patient has had prior acupuncture treatment. Per acupuncture progress notes dated 04/15/14, patient complains of severe low back pain and inguinal pain rated 9/10. Per acupuncture progress notes dated 04/15/14, patient complains of severe pain in the inguinal region rated at 9/10. The patient had a total of 24 acupuncture visits for low back, neck, right shoulder, anxiety and inguinal pain. There is lack of evidence that prior acupuncture care was of any functional benefit. Patient continues to be symptomatic and hasn't had long term relief with acupuncture. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Furthermore, per guidelines 3-6 treatments are supported for course of Acupuncture with evidence of functional improvement prior to consideration of additional care; therefore, requested visits exceed the quantity of acupuncture visits supported by the cited guidelines. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.