

Case Number:	CM14-0208586		
Date Assigned:	12/22/2014	Date of Injury:	12/12/2013
Decision Date:	02/18/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 58-year-old male who sustained a work injury on 12-12-13 when bending down to remove a hook from a waste container. Available records indicate he was able to continue working and the next day complained of groin pain. Records indicate he was diagnosed with an inguinal hernia. Abdominal ultrasound showed evidence of bilateral inguinal hernia. The 6-12-14 internal medicine evaluation report mentions groin pain yet fails to mention neck or back complaints. A 7/14/14 EMG/NCV report showed electrical evidence of Lumbar L5 radiculopathy, right, with no evidence of peripheral nerve compression. The 8/18/14 attending physician report mentions neck pain 8/10, low back pain 8/10 and groin pain 10/10. Hand written objective findings are not legible. The current diagnoses are: 1. Bilateral inguinal hernia 2. Discogenic spondylosis cervical spine 3. Grade 1 spondylolisthesis lumbar spine The utilization review report denied the current request for Electro acupuncture with infrared and capsaicin patch 2-3 times per week for 4 weeks, 8-12 sessions for the groin and abdominal region based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro acupuncture with infrared and Capsaicin Patch 2 to 3 times a week for 4 weeks, 8 to 12 sessions for the groin and abdominal region: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient has ongoing complaints of right groin pain along with neck and back pain. The current request is for Electro acupuncture with infrared and Capsaicin Patch 2 to 3 times a week for 4 weeks, 8 to 12 sessions for the groin and abdominal region. The Acupuncture Medical Treatment Guidelines (AMTG) do not specifically address electroacupuncture for the specific treatment for inguinal hernias. According to the Acupuncture Medical Treatment Guidelines (AMTG), Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. The time to produce functional improvement: 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. In this case, the attending physician documents subjective complaints, but fails to document objective or functional deficit. Additionally, the treating physician has requested treatment in excess of the recommended 3-6 visit trial period. As such, medical necessity has not been established. The request is not medically necessary.