

Case Number:	CM15-0003105		
Date Assigned:	01/14/2015	Date of Injury:	04/12/2012
Decision Date:	03/09/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/07/2015

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: Oriental Medicine

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 50 year old male, who sustained an industrial injury on April 12, 2012. He has reported left groin injury. The diagnoses have included bilateral inguinal hernia, neuropathic pain of the left groin, status post inguinal hernia surgery, and lumbar radiculitis. Treatment to date has included medications, radiological imaging, transcutaneous electrical nerve stimulation, physical therapy, and surgery. Currently, the Injured Worker complains of low back and bilateral inguinal pain. He reports increased pain with radiation to the left testicle whenever he tries to do walking or stretching exercises. He had received cognitive behavioral therapy for depression associated with his injury. On December 29, 2014, Utilization Review modified certification to 3 sessions of acupuncture for the abdomen, based on MTUS, ACOEM, Acupuncture guidelines. On January 5, 2015, the injured worker submitted an application for IMR for review of acupuncture times eight for the abdomen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x8 sessions for the abdomen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In reviewing the records available, it does not appear that the patient has had prior acupuncture. As the patient continued significantly symptomatic (VAS 9/10) despite previous care an acupuncture trial for pain management and function improvement would have been reasonable and supported by the guidelines (Medical Treatment Utilization Schedule), the guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the PTP requested initially 8 sessions, number that exceeds the guidelines recommendations without documenting any extraordinary circumstances, the request is not supported for medical necessity.