

Case Number:	CM15-0216862		
Date Assigned:	11/06/2015	Date of Injury:	10/09/2014
Decision Date:	12/18/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/04/2015

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: Massachusetts

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:

The injured worker is a 57 year old male, who sustained an industrial-work injury on 10-9-14. He reported initial complaints of lumbar pain. The injured worker was diagnosed as having lumbar spine sprain-strain, herniated lumbar disc L1-2, L3-4, L4-5, and L5-S1, and anterolisthesis of L3 and left inguinal hernia. Treatment to date has included medication, acupuncture (helpful), and diagnostics. MRI results were reported on 4-27-15 that revealed mild to moderate disc narrowing at L1-2, 10 mm cystic lesion in the right foramen which is likely a penneural cyst, mild spinal canal stenosis, 3 mm grade 1 anterolisthesis of L3, 2 mm disc bulge with right foraminal annular tear, moderate disc narrowing at L3-4 with facet arthropathy, moderate disc narrowing and desiccation at L4-5, and endplate irregularity at L5-S1. EMG-NCV (electromyography and nerve conduction velocity test) was reported on 9-2-15 demonstrating multilevel lumbosacral radiculopathy involving L4-5 and S1. Currently, the injured worker complains of lumbar spine pain that radiates down to the left lateral knee region. Prolonged sitting increases the pain. There is occasional pain in the upper back, hip, left thigh, and right toe. Per the primary physician's progress report (PR-2) on 9-8-15, exam noted positive straight leg raise on the right and left, normal DTR (deep tendon reflexes), hypoesthesia at the anterolateral aspect of foot and ankle of an incomplete nature at L5 and S1 dermatome level, weakness in the big toe dorsiflexors and big toe plantar flexor bilaterally, facet joint tenderness at L3-5 bilaterally, tenderness over the left inguinal area with positive cough impulse. The Request for Authorization requested service to include Ultrasound left quadrant regarding inguinal hernia and additional acupuncture treatment, 2 times a week for 6 weeks. The Utilization Review on 10-

6-15 denied the request for Ultrasound left quadrant regarding inguinal hernia and additional acupuncture treatment, 2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound left quadrant regarding inguinal hernia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Hernia Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hernia, Imaging and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p13.

Decision rationale: The claimant sustained a work injury in October 2014 when he had lower back discomfort and episodic numbness of the right foot after heavy lifting. An MRI of the lumbar spine in April 2015 showed findings of multilevel disc space narrowing with multilevel mild to moderate facet arthropathy, foraminal narrowing, and canal stenosis. Electrodiagnostic testing was done in May 2015 and was negative. Recent treatments include 10 acupuncture treatments completed as of 07/15/15. When seen, he was having lumbar spine pain radiating to the left lateral knee. He was having occasional upper back, hip, left thigh, and right toe pain. Physical examination findings included decreased lumbar spine range of motion with muscle spasms. Straight leg raising was positive on the right side. He had lower extremity weakness. There was bilateral facet joint tenderness. There was tenderness over the left inguinal area with positive cough impulse. Authorization was requested for 12 acupuncture treatments and for an ultrasound of the left inguinal area. The report references an inguinal ultrasound done in Mexico on 11/10/14 showing findings of a left inguinal hernia. Ultrasound is currently the imaging modality of choice when assessing for groin and abdominal wall hernias. However, guidelines recommend against repeating diagnostic testing without indication. In this case, the claimant has clinical findings consistent with an inguinal hernia and the test being requested has already been done showing findings of a hernia. If indicated clinically, a surgical evaluation would be the next step. The requested repeat ultrasound is not medically necessary.

Additional acupuncture treatment, 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The claimant sustained a work injury in October 2014 when he had lower back discomfort and episodic numbness of the right foot after heavy lifting. An MRI of the lumbar spine in April 2015 showed findings of multilevel disc space narrowing with multilevel mild to moderate facet arthropathy, foraminal narrowing, and canal stenosis. Electrodiagnostic testing was done in May 2015 and was negative. Recent treatments include 10 acupuncture

treatments completed as of 07/15/15. When seen, he was having lumbar spine pain radiating to the left lateral knee. He was having occasional upper back, hip, left thigh, and right toe pain. Physical examination findings included decreased lumbar spine range of motion with muscle spasms. Straight leg raising was positive on the right side. He had lower extremity weakness. There was bilateral facet joint tenderness. There was tenderness over the left inguinal area with positive cough impulse. Authorization was requested for 12 acupuncture treatments and for an ultrasound of the left inguinal area. The report references an inguinal ultrasound done in Mexico on 11/10/14 showing findings of a left inguinal hernia. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented with a frequency of 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, no adjunctive treatment is being planned. The duration and number of treatments is in excess of guideline recommendations. The requested additional acupuncture treatments are not medically necessary.