

Case Number:	CM15-0044082		
Date Assigned:	04/13/2015	Date of Injury:	08/30/2014
Decision Date:	05/22/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/09/2015

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 57 year old male, who sustained an industrial injury on 8/30/14. He reported initial complaints of right groin pain with swelling, burning. The injured worker was diagnosed as having inguinal strain; muscle strain of right thigh; right inguinal hernia; thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included physical therapy; status post laparoscopic bilateral inguinal herniorrhaphies (2/11/15); medications. Diagnostic studies include MRI lumbar spine without contrast (2/16/15). Currently, the PR-2 notes dated 2/24/15 indicate the injured worker complaints of back pain that has become more noticeable since his inguinal herniorrhaphies on 2/11/15. He still has pain bending/stooping (no permitted since surgery), sitting, walking and prolonged standing. His current medications are Cymbalta, Meloxicam and Tylenol. The provider's treatment plan included a follow-up with the surgeon; stop Cymbalta, Meloxicam and try Emla Cream, Tylenol as needed for pain and acupuncture 2 times a week for 4 weeks, radicular back pain and post hernia repair pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 4 weeks, radicular back pain and post hernia repair pain:

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 yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care (chiropractic, physical therapy, oral medication, work modifications and self care) an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). 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 provider requested initially 8 sessions, number that exceeds the guidelines criteria without documenting any extraordinary circumstances, the request is seen as excessive, therefore not supported for medical necessity.