

Case Number:	CM14-0137767		
Date Assigned:	09/05/2014	Date of Injury:	07/19/2014
Decision Date:	11/21/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/26/2014

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 Physical Medicine & Rehabilitation 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 59-year-old male who reported an injury on 07/18/2014. The injured worker was caught in between a detached trunk of a large truck and a wall. He was pinched by a corner of the trunk to the right hip, abdomen, and groin area. He pushed the trunk away and managed to escape. He developed soreness and scrapes in the lower abdominal area. He continued with on and off pain, which was increased with activity. However, on 07/18/2014, after he had moved an estimated more than 11,000 pounds of loads, the pain increased in the right abdomen and lower back. The physical examination, on 08/12/2014, revealed complaints of lower back pain that radiated into the right leg and hip and to the front of the leg down to the knee and occasionally to the foot. There were complaints of numbness, tingling, and burning in the right thigh. The patient reported that his right leg felt weaker and it felt like he was dragging it. There were complaints of right abdominal pain. The injured worker complained of neck pain, right side more than the left. There were also complaints of numbness and tingling in the right arm. There were complaints of left arm tingling and numbness constantly from the elbow down to the 4th and 5th fingers. The injured worker sustained a head trauma in 2003 during a motor vehicle accident with loss of consciousness. He developed anxiety following the accident. He sustained another traumatic injury in 2009 when he fell on the tile floor, developing subdural hematoma followed by a single episode of seizure approximately 2 months later. He underwent L4-S1 fusion in 2007. He had a right inguinal hernia operation in 2011. He was diagnosed with diabetes mellitus type 2 for 15 years. The examination of the right shoulder revealed a negative impingement sign. There was a positive Tinel's sign at the left cubital tunnel. The straight leg raise sign was negative bilaterally. There was no palpable hernia on coughing. Muscle testing was 5/5 throughout. Sensory examination revealed decreased light touch and temperature sensation in the left C8-T1 versus ulnar nerve distribution. Deep tendon reflexes were +2, with

absent left ankle jerk. There was a negative Babinski. The diagnoses were contusion to the right abdominal wall - rule out recurrent hernia, rule out internal derangements in the abdomen and right lower quadrant; musculoligamentous sprain/strain of the cervical spine with radicular components; musculoligamentous sprain/strain of the lumbosacral spine with radiculopathy; and rule out compression neuropathy of bilateral upper extremities. The treatment plan was for an ultrasound of the lower abdomen/groin, x-rays of the cervical spine and lumbar spine, a nerve conduction study and EMG of the bilateral upper extremities, and acupuncture 2x3.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 acupuncture sessions, 2 x weeks for 3 weeks, cervical and lumbar spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The decision for 6 acupuncture sessions, 2 x weeks for 3 weeks, cervical and lumbar spine is medically necessary. The California Medical Treatment Utilization Schedule Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and is recommended 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. The time to produce functional improvement is 3 to 6 treatments and acupuncture treatments may be extended if functional improvement is documented, including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. It was reported that the injured worker was participating in a home exercise program. The medical guidelines state the time to produce functional improvement is 3 to 6 treatments and the treatments may be extended if functional improvement is documented. The clinical documentation submitted for review meets the criteria set forth by the medical guidelines. Therefore, this request is medically necessary.