

Case Number:	CM15-0099811		
Date Assigned:	06/02/2015	Date of Injury:	08/15/2014
Decision Date:	08/31/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/26/2015

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/work injury on 8-15-14. He reported an initial complaint of pain in bilateral groin and abdomen. The injured worker was diagnosed as having abdominal contusion, bilateral groin pain, and myofascial pain. Treatment to date includes medication, acupuncture, and diagnostics. CT scan results were reported on 8-18-14. Currently, the injured worker complained of abdominal, groin pain that is sharp and shooting and constant, worse with bending, stooping, and heavy lifting and rated 4 out of 10. Per the primary physician's report (PR-2) on 3-5-15, exam was difficult, even with the knee flexed, having spasms in the anterior wall, diffuse tenderness in all quadrants, no rebound tenderness, bowel sounds present, no signs of hernia in the abdominal wall. Current plan of care included acupuncture, continue medications, home exercise program and follow up. The requested treatments include Acupuncture 2 times a week for 3 weeks.

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 3 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines indicate that the number of acupuncture sessions to produce functional improvement is 3-6 treatments and also states that extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." The patient already underwent four acupuncture sessions without any objective improvements documented (function-activities of daily living improvement, medication reduction, work restrictions reduction, etc). In the absence of clear evidence of significant quantifiable response to treatment obtained with previous acupuncture care, the request for additional acupuncture is not supported for medical necessity.