

Case Number:	CM13-0019426		
Date Assigned:	10/11/2013	Date of Injury:	01/04/2005
Decision Date:	01/10/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 patient reported an industrial injury to the right ankle on 1/4/05. The patient developed complex regional pain syndrome (CRPS) of the right lower extremity and received extensive physical therapy, sympathetic block and spinal cord stimulator trial which were ineffective. The clinic note dated 6/27/13 states "The only thing that has been able to maintain some function is acupuncture. The acupuncture was discontinued in May after 12 visits. He reports that the pain is returning." The physical examination showed severe dysesthesia to light pinwheel in the right lower extremity with weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 24 acupuncture sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient had received 12 sessions of acupuncture which exceeded the recommended initial treatment of 3-6 sessions. Acupuncture treatment may be extended if functional improvement is documented in terms of improvement in activities of daily living or reduction in work restrictions. The medical records provided for review do not show functional

improvement. Furthermore, the request for 12 sessions exceeds the recommended guidelines of 6 sessions over the course of 1-2 months. The request for 24 acupuncture sessions is not medically necessary and appropriate