

<b>Case Number:</b>	CM13-0046496		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/01/2007
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 and rehabilitation, has a subspecialty in Pain Management, 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 patient is a 65-year-old with date of injury of 10/01/2007. The listed diagnoses per [REDACTED] dated 09/26/2013 are lumbar spine discopathy and plantar fasciitis. According to progress report dated 09/26/2013 by [REDACTED], the patient had ESWT to the right and left foot with good results. She reports mild to moderate pain on the plantar fascia. Objective findings show tenderness to palpation to the plantar fascia on bilateral feet with full range of motion. Treater is requesting 12 sessions of acupuncture for the bilateral feet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, twice per week for six weeks on the bilateral feet:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture for Neck and Low back Pain Section.

**Decision rationale:** This patient presents with bilateral foot pain. The provider is requesting twelve sessions of acupuncture for the bilateral feet. Utilization review dated 10/23/2013 modified the request to 6 sessions. The Chronic Pain Medical Treatment Guidelines for acupuncture states that it is used as an option when pain medication is reduced or not tolerated

and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The Chronic Pain Medical Treatment Guidelines further states that 3 to 6 treatments are recommended 1 to 3 times per week. Acupuncture treatments may be extended if functional improvement is documented. The medical records provided do not show any recent acupuncture reports for the feet. In this case, the patient may benefit from a trial of acupuncture for the patient's continued pain. However, the requested 12 visits exceed what is recommended by the Chronic Pain Medical Treatment Guidelines. The request for acupuncture, twice per week for six weeks on the bilateral feet, is not medically necessary or appropriate.