

<b>Case Number:</b>	CM14-0039786		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/19/2011
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 and Rehabilitation, has a subspecialty Interventional Spine 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 34 year old male with an injury date on 07/19/2011. Based on the 07/10/2014 supplement medical legal report provided by [REDACTED], the diagnosis is: Status post right foot crush injury on July 19, 2011 with non-displaced fracture of the mid-portion of the first and second metatarsal, healed. According to this report, the patient complains of right foot pain. Physical findings of this patient noted tenderness over the first metatarsophalangeal joint and noted hallus valgus deformity measured 32 degrees angulation noted. A positive grind test was noted with tenderness over the first and second metatarsal. There were no other significant findings noted on this report. [REDACTED] is requesting six (6) sessions of acupuncture and Naproxen 550mg. The utilization review denied the request on 03/04/2014. [REDACTED] is the requesting provider, and he provided treatment report dated 07/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 acupuncture sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision Rationale:** According to the 07/10/2014 supplement report by [REDACTED] this patient presents with right foot pain. The report indicated that the patient had a flare-up on the 12/03/2013 report. The 12/03/2013 report was not provided for review. The provider is requesting six (6) sessions of acupuncture. The most recent report is dated 07/10/2014 and the utilization review letter in question is from 03/04/2014. The records indicate six (6) sessions of acupuncture in January of 2014 with no change in pain levels or function. For acupuncture, the MTUS Guidelines recommend acupuncture for pain suffering and restoration of function. The recommended frequency and duration is 3 to 6 treatments to produce functional improvement, 1 to 2 times per year, with optimal duration of 1 to 2 months. This patient appears to have tried six (6) sessions of acupuncture already. Without documentation of functional improvement, additional treatments are not supported by the MTUS. Therefore, six (6) acupuncture sessions is not medically necessary.

**Naproxen 550mg:** Upheld

**Claims Administrator guideline:** Decision based on the MTUS: Chronic Pain Medical Treatment Guidelines, Nonsteroidal Anti-Inflammatory Drugs (NSAIDs).

**MAXIMUS guideline:** Decision based on the MTUS: Chronic Pain Medical Treatment Guidelines, page 60 and 61.

**Decision Rationale:** According to the 07/10/2014 supplement report by [REDACTED] this patient presents with right foot pain. The provider is requesting Naproxen 550mg. The MTUS Guidelines reveal the following regarding NSAID's, Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. There were no discussions on functional improvement and the effect of pain relief as required by the guidelines. The MTUS guidelines require documentation of medication efficacy when it is used for chronic pain. In this case, there was no documentation of medication efficacy. Given the lack of information, Naproxen 550mg is not medically necessary.