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| <b>Case Number:</b>   | CM14-0066025 |                              |            |
| <b>Date Assigned:</b> | 07/11/2014   | <b>Date of Injury:</b>       | 09/17/2011 |
| <b>Decision Date:</b> | 08/18/2014   | <b>UR Denial Date:</b>       | 05/05/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/09/2014 |

### 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 Chiropractic & Acupuncture 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 45 year old female who sustained a work related injury on 9/17/2011. Her diagnoses are reflex sympathetic dystrophy of the lower limb, skin sensation disturbance, and plantar fibromatosis. Prior treatment includes H wave, Tens, medication, physical therapy, intramuscular injections, topical creams and spinal cord stimulator. Per a Pr-2 dated 6/11/2014, the Patient has painful numbness over her left shin and dorsum of her foot. She has stabbing pain in the ankles and feet moving upward to the thighs. Sleep is fragmented but improved with medication. The treatment plan states that acupuncture is to be scheduled 2 x a week for six weeks. She is not currently working. She is unable to stand or walk more than 10 min or sit more than 50 min. She has severe hypersensitivity in both plantar surfaces, loss of joint mobility, and fascial restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of acupuncture for the bilateral feet:** Upheld

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

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

**Decision rationale:** According to evidenced based guidelines, an initial trial of acupuncture consists of six visits. A request for twelve visits exceeds the recommended number and therefore is not medically necessary. If objective functional improvement is demonstrated, further visits may be certified after the trial. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. It is unclear whether the claimant has had prior acupuncture treatment. In prior PR-2s, the provider states that the acupuncture request has not been responded to. In the most recent PR-2 the provider states that acupuncture is to be scheduled. There is a missing page (s) on the prior UR review, so it is unclear whether prior acupuncture was authorized. If this is not a request for an initial trial, documented functional improvement from prior acupuncture is not found in order to justify further visits.