

<b>Case Number:</b>	CM13-0004632		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	08/13/2005
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	07/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2013

### 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. 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: Chiropractor, 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 49 year old male who reported right foot and left foot pain from injury sustained on 08/13/05 after he tripped on a battery. Patient is diagnosed with crushing injury of foot, Reflex sympathetic dystrophy of lower limb, and morbid obesity. Patient has been treated with medication, physical therapy, surgery. Per medical notes dated 06/17/13, patient complains of right foot pain, left foot pain and chest wall pain. Patient is motivated to regain more function. He has minimized the use of opioid medication and is searching for more ways to manage his pain. He rates his current pain at 3-4/10 and his worst pain severity is at 9/10. This is unchanged from his last visit. He describes his pain as stabbing. Provider requested initial trial of 8 acupuncture treatments which were modified to 6 by the utilization review on 07/17/13. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE TWICE A WEEK FOR 4 WEEKS LOWER LIMB (UNSPECIFIED LATERALITY): Upheld**

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

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

**Decision rationale:** Patient has not had prior Acupuncture treatment. Provider requested initial trial of 8 acupuncture treatments which were modified to 6 by the utilization review on 07/17/13. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.