

Case Number:	CM14-0183524		
Date Assigned:	11/12/2014	Date of Injury:	06/03/2011
Decision Date:	01/06/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/05/2014

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 licensed 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:

Claimant is a 54-year old male who sustained a work related injury on 6/3/2011. Prior treatment includes trigger point injection, Toradol injection, physical therapy, and medications. His diagnoses are lumbar disc displacement with radiculopathy, lumbar radiculopathy, lumbar spine sprain/strain, ankle internal derangement, foot sprain/strain, and insomnia. Per a PR-2 dated 9/25/2014, the claimant has low back pain, difficulty sleeping, stomach pain, nausea, anxiety, stress, depression, headache, and right foot pain. He has restricted lumbar range of motion. Per a PR-2 dated 9/4/2014, the claimant is complaining of throbbing on the right foot and pending surgical authorization. He is not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 6 weeks to the right foot: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for 12 visits exceeds the recommended guidelines of less than six. If functional improvement is documented, further acupuncture may be medically necessary. If this

is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of acupuncture. Also the duration and total amount of visits should be submitted. Therefore, Acupuncture 2 times a week for 6 weeks to the right foot is not medically necessary.