

<b>Case Number:</b>	CM15-0103594		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	09/26/2014
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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 47 year old female who sustained an industrial injury on 09/26/14. Initial complaints and diagnoses are not available. Treatments to date include acupuncture treatments and medications. Diagnostic studies include a MRI of the left foot. Current complaints include pain in the left posterior foot and low back pain. Current diagnoses include crush injury left foot and lumbar spine strain with radicular complaints secondary to altered gait. In a progress note dated 05/05/15, the treating provider reports the plan of care as a MRI of the lumbar spine, podiatrist consultation for orthotic fitting, and continued acupuncture treatments. The requested treatments include acupuncture to the left foot. Per a PR-2 dated 3/10/2015, the claimant has completed 7/8 acupuncture sessions. She reports intermittent moderate pain in the upper surface of foot with tingling and numbness. She continues to complain of low back pain with radicular complaints down the left knee to the foot. Disability status remains the same as prior to acupuncture therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional acupuncture 2x4 left foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture trial. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.