

<b>Case Number:</b>	CM15-0194301		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	07/27/1999
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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: New York  
 Certification(s)/Specialty: Internal 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 50 year old female who sustained an industrial injury on 7-27-99. Medical records indicate that the injured worker has been treated for cervical disc disease with disc bulging at C4-5, consistent with annular tear; cervical facet arthropathy, C3 to C6, more on the left; headaches, possible cervicogenic; rule out cervical radiculopathy; double crush syndrome; carpal tunnel release (5-18-04); lumbar discopathy with radiculitis; posterior tibial dysfunction left foot. She currently (8-4-15) complains of bilateral shoulder pain with intermittent numbness and tingling to the left upper extremity; neck pain. Her activities of daily living are limited and she has a pain level of 6 out of 10. On physical exam of the cervical spine there was decreased range of motion, pain on the spinous processes of C5 to C7 and facets of C3 to C6 and muscle spasms, pain on the suprascapular nerve area, positive Tinel's on the left wrist. On 7-30-15 there was constant low back pain documented, with radiation to the lower extremities that was unchanged and a pain level of 7 out of 10 and frequent bilateral feet and ankle pain with a pain level of 5 out of 10. On physical exam of the lumbar spine there was muscle tenderness with spasms, seated nerve root test was positive, range of motion was guarded and restricted; the bilateral feet tenderness at the plantar aspect and bilateral ankles, pain with range of motion and the injured worker walks with a limp favoring the right side. She had had cervical diagnostic facet block with 2 full hours of pain relief and partial relief after that; acupuncture with benefit especially in relieving tightness of the shoulders and upper back (per the 8-4-15 note with no documentation of number of sessions); status post right ankle fusion (2-20-08); status post hardware removal medications: tramadol; chiropractic treatments with

temporary relief; physical therapy with temporary relief. The 4-2-15 note indicates that the injured worker has "received her shoes and orthotics". In the 7-30-15 progress note the treating provider's plan of care included requests for acupuncture 2 times per week for 4 weeks for cervical and lumbar spine; walking shoe with rocker sole, orthotics, 1 pair to replace her old ones. The request for authorization dated 9-17-15 was for acupuncture to the cervical and lumbar spine 2 times per week for 4 weeks. On 9-23-15 Utilization Review non-certified the requests for 8 acupuncture sessions 2 times a week for 4 weeks to the cervical and lumbar spine; walking shoes with rocker sole, orthotics 1 pair-purchase.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Acupuncture 8 Visits (2x4) Cervical and Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** According to the Acupuncture Medical Treatment Guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten recovery. The treatment guidelines support acupuncture treatment to begin as an initial treatment of 3-6 sessions over no more than two weeks. If functional improvement is documented, as defined by the guidelines further treatment will be considered. In this case, there is documentation of previous acupuncture visits, however, there is no documentation of the previous number of acupuncture treatments completed or documentation of objective improvement with previous treatments. There is no specific indication for the additional acupuncture sessions for the cervical and lumbar spine. Medical necessity of the requested acupuncture has not been established. The requested service is not medically necessary.

**Walking Shoes with Rocker Sole, Orthotics 1 Pair, Purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Orthotic devices.

**Decision rationale:** ODG states that orthotic devices are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, heel spur syndrome). In this case the patient has already received custom shoes and orthotics. There is no specific indication why additional shoes and orthotics are required and no documentation of any functional improvement with their use. Medical necessity for the requested items is not established. The requested items are not medically necessary.