

Case Number:	CM15-0209671		
Date Assigned:	10/28/2015	Date of Injury:	04/11/2001
Decision Date:	12/15/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/26/2015

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 50 year old female with an industrial injury date of 04-11-2001. Medical record review indicates she is being treated for chronic regional pain syndrome left lower leg. Subjective complaints (09-18-2015) included bilateral feet pain and bilateral hand pain. The pain is described as a painful tingling which is constant and worsened with cold weather, physical activities, stress and at night while sleeping. She also complained of numbness of her left greater than right foot. Other complaints included mottling of her feet and hands, increased perspiration of her left foot, coldness of her left foot, warmth of her hands, decreased hair on her legs and pain with light touch. The treating physician noted the injured worker had had "great success" with conservative care including acupuncture, water therapy and cranial-sacral therapy. The number of acupuncture treatments is not indicated. Objective findings (09-18-2015) included slight mottling of feet and hands and slight coolness to touch of hands and feet. Sensation to light touch was normal. There was positive hyperalgesia-allodynia and dysesthesia of hands and feet. On 09-28-2015 the request for 12 acupuncture 2 times a week for 6 weeks for the left foot-ankle (as an outpatient for symptoms related to chronic regional pain syndrome) was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 acupuncture twice a week for six weeks for the left foot/ankle for symptoms related to chronic regional pain syndrome: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Treatment guidelines states that acupuncture may be extended with documentation of functional improvement. The provider reported that the patient has had extensive conservative including acupuncture, water therapy, and cranial-sacral therapy and had great success. However, there was no objective quantifiable documentation regarding functional improvement from prior acupuncture sessions. Therefore, the provider's request for 12 additional acupuncture sessions is not demonstrated to be medically necessary at this time.