

<b>Case Number:</b>	CM15-0222093		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	09/18/2014
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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 32 year old male who sustained an industrial injury on 9-8-14. He is not working. Medical records indicate that he injured worker has been treated for diabetes; contusion injury to the right 5th metatarsal-foot. He currently (10-16-15) complains of intermittent, moderate pain in the right foot, located at the 5th toe and outer lateral aspect of the right foot. Physical exam of the right foot revealed palpable tenderness at the 5th metatarsal joint with nail bed deformity. His pain level per the 8-26-15 note was 7 out of 10. Treatments to date include medication: ibuprofen, tramadol, Pensaid, gabapentin. In the 10-16-15 progress note the treating provider's plan of care included acupuncture 2 times a week for 4 weeks to the right 5th metatarsal, right foot. Evidence of prior acupuncture treatments was not present. The request for authorization dated 10-16-15 was for acupuncture 2 times a week for 4 weeks to the right 5th metatarsal, right foot. On 10-28-15 Utilization Review non-certified the request for acupuncture 2 times a week for 4 weeks to the right 5th metatarsal, right foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture treatment 2 times a week for 4 weeks for the right 5th metatarsal foot:**

Upheld

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

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

**Decision rationale:** The utilization review document of 10/19/2015 denied the 9/24/15 treatment request for acupuncture treatment to the patient's lumbar spine, 10 sessions citing CA MTUS acupuncture treatment guidelines. A review of prior medical records includes a 9/1/15 utilization review document addressing the patient completing 24 acupuncture sessions and 10 chiropractic treatments. This was preceded by an adverse determination for additional acupuncture, 18 sessions for cervical and lumbar spine management. The 8/19/15 document addressed prior acupuncture management of 36 visits exceeding guideline recommendations for continued care. There was no evidence of objective measurements of improvement. Records also reflect that approximate 15 acupuncture visits had been provided from 7/2/15 to 8/15/15 again without documentation of functional improvement. The reviewed medical records do not support a continued treatment course of 10 additional acupuncture visits based on the absence of objective evidence of functional improvement that per CA MTUS acupuncture treatment guidelines is required for consideration of additional care. Therefore, the request is not medically necessary.