

<b>Case Number:</b>	CM15-0045852		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	12/05/2013
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 29 year old male, who sustained an industrial injury on 12/5/2013. He reported a crush injury to the left foot in a shower area. The injured worker was diagnosed as having left foot crush injury-status post toe amputation, left foot peroneal tendinosis, left ankle tenosynovitis and lumbar strain. Treatment to date has included left foot amputation of the 4th and 5th toes with irrigation and debridement due to gangrene, acupuncture and medication management. Currently, a progress note from the treating provider dated 12/24/2014 indicates the injured worker reported low back pain and left foot and ankle pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture (quantity and strength unspecified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines.

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

**Decision rationale:** The MTUS Guidelines recommend the use of acupuncture when pain medication is not tolerated or can be reduced with this treatment. It can also be used alongside rehabilitation and/or surgery to speed recovery. Some accepted goals include a decreased pain level, improved nausea caused by pain medications, increased range of joint motion, improved relaxation with anxiety, and reduced muscle spasms. Acupuncture treatment can include the use of electrical stimulation. Functional improvement is expected within three to six treatments. The Guidelines support having acupuncture treatments one to three times per week, for up to one to two months. The submitted and reviewed documentation indicated the worker was experiencing LBP and pain in the left foot and ankle. There was no discussion suggesting an issue with pain medication, indicating the worker would have rehabilitation alongside this therapy, suggesting the goals of this treatment, or describing special circumstances that sufficiently supported this request. Further, the request was for an indefinite number of sessions, which would not account for changes in the worker's care needs. For these reasons, the current request for an indefinite number of acupuncture sessions is not medically necessary.