

Case Number:	CM15-0088487		
Date Assigned:	05/12/2015	Date of Injury:	06/03/2011
Decision Date:	06/22/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/08/2015

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 55 year old male, who sustained an industrial injury on 06/03/2011. The mechanism of injury was not made known. According to a progress report dated 10/14/2014, the injured worker was being treated for ulceration on the anteromedial aspect of the leg secondary to pressure on the tongue of an AFO boot. Diagnoses included fracture dislocation leading to Charcot deformity, diabetes mellitus, peripheral neuropathy, severe pressure point on the plantar foot chronic renal failure and ulceration stage IV secondary to pressure and edema. Treatment to date has included AFO boot, compression dressing, home health, arterial study, ultrasound therapy and oral and topical antibiotics. On 01/02/2015, the provider requested authorization for extension of surgical repair of Charcot fracture of the right foot and rehabilitation center stay for two weeks postoperatively. He was seen by his nephrologist who cleared him for surgery. According to a progress report dated 02/19/2015, the injured worker complained of a constant achy cervical spine pain and constant achy and throbbing low back pain. Pain level was rated 8 on a scale of 1-10. He also reported loss of sleep due to pain. Objective findings included decreased range of motion in the cervical and lumbar spine. Straight leg raise caused pain bilaterally. Diagnoses included cervical disc syndrome, cervical radiculopathy, cervical sprain/strain, degeneration of lumbar intervertebral disc with myelopathy, lumbar radiculopathy, lumbar sprain/strain and other insomnia. Previous treatments for subjective complaints were not made known. Treatment plan included acupuncture, chiropractic care, urinalysis and topical analgesic cream. Currently under review is the request for acupuncture twice a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guidelines recommend acupuncture for pain. The guideline recommends a trial of 3-6 visits over 1-2 months to produce functional improvement. Acupuncture may be extended with documentation of functional improvement. Based on the submitted documentation, there was no evidence that the patient had prior acupuncture care. Therefore, an acupuncture trial may be necessary. However, the provider's request for 12 acupuncture sessions exceeds the guidelines recommendation for an initial trial. The provider's request is inconsistent with the evidence-based guidelines and therefore is not medically necessary at this time.