

<b>Case Number:</b>	CM14-0100730		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/01/2009
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in California and Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 63-year-old female that reported an injury on 08/01/2009 due to an unspecified cause of injury. The injured worker complained of pain to the right foot/ankle. She rated her pain an 8/10 using the VAS. The diagnosis included post-traumatic arthritis to the 1st and 2nd transmetatarsal joints at the right foot, residual post-traumatic mid foot abduction and pronation deformity. There was degeneration of the proximal joint on the 1st metatarsal, moderate bilateral foraminal stenosis at the L5-S1, L1-2, L2-3, L3-4, and L4-5. The prior surgeries included insertion of hardware for a status post arthrodesis to the 1st and 2nd metatarsal cuneiform bones with insertion of the hardware dated 01/12/2011 and then status post partial removal of hardware dated 08/15/2011. Prior treatments included 12 visits of physical therapy and medication. Prior treatments included an MRI of the right foot dated 08/22/2013, and MRI of the right foot without contrast dated 07/02/2012, an electromyography/nerve conduction velocity study to the bilateral lower extremities dated 08/22/2013. The medication included Tylenol #3. The 03/04/2014 physical examination of the right foot revealed decreased range of motion with difficulty with heel and toe walk, tenderness to palpation over the right foot. The treatment plan included acupuncture for the right foot and pain management consultation. The Request for Authorization was not submitted with the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture to the Right Foot/Ankle 2x3 and low back: Upheld**

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

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

**Decision rationale:** The California MTUS indicate that acupuncture is used as an option when pain medication is reduced or not tolerated and must be used in conjunction with physical rehabilitation and/or surgical intervention to hasten functional recovery. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as the following time to produce functional improvement 3 to 6 visits with a frequency of 1 to 3 times a week optimum duration of 1 to 2 months. The clinical notes were not evident that the injured worker had reduced or not tolerated medication. The injured worker is currently taking Tylenol #3. The clinical notes indicate that the injured worker had completed 12 visits of physical therapy; however, the documentation lacked the efficacy of the physical therapy. As such, the request is not medically necessary.

**Pain Management consultation for a lumbar epidural injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Independent Medical Examinations and Consultations, Chapter 7, page 127

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

**Decision rationale:** The California MTUS/ACOEM does not address this issue. The Official Disability Guidelines recommends office visits for a proper diagnosis and return to function of the injured worker. The need for a clinical office visit with a healthcare provider is individualized based upon the review of the patient's concerns, signs and symptoms, clinical stability and reasonable physician judgment. As patient's conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for the office visit requires individualized case review and assessment, being ever mindful of the best patient outcomes are achieved with the eventual patient independence from the healthcare system through self-care as soon as clinically feasible. The clinician's notes did not show evidence that the injured worker warranted any additional pain management consultation. As such, the request is not medically necessary.