

<b>Case Number:</b>	CM14-0116661		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	10/05/2008
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 licensed in Chiropractic and Acupuncture, and is licensed to practice in California. 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 61 year old male who reported low back and right lower extremity pain from injury sustained on 10/05/08. Mechanism of injury is not documented in the provided medical records. EMG dated 08/09/11 revealed right sided focal neuropathy of axonal injury involving the lateral dorsal cutaneous branch of the sensory nerve. MRI of the lumbar spine dated 11/15/13 revealed disc osteophyte complex at L3-4 and L4-5. Patient is diagnosed with chronic pain and congenital pes planus. Patient has been treated with subtalar arthroscopy with debridement and right os trigonium talus fracture excision on 11/02/09; physical therapy; epidural injection; medication and acupuncture. Per medical notes dated 11/19/13, patient complains of right lower extremity pain and low back pain. He continues to have gradual increase in his low back pain. Pain is rated at 7-8/10 with medication. He continues with acupuncture and notes these sessions have been significantly beneficial as they do help reduce spasm and muscle tension. He also continues with medication with benefit and improved function. Per acupuncture progress notes dated 12/03/13, he reports some mild-moderate decrease in pain in the left lateral foot and ankle and some mild decrease in pain in the medial right foot/ankle. He continues to have pain along the right side of the foot on the lateral surface and occasionally pain in the heel. Per medical notes dated 03/11/14, patient states that acupuncture continues to benefit pain and allows him to function. Provider requested 12 acupuncture treatments which were denied by the utilization reviewer. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x 12 visits:** Upheld

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

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

**Decision rationale:** Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior acupuncture treatment. Per acupuncture progress notes dated 12/03/13, he reports some mild-moderate decrease in pain in the left lateral foot and ankle and some mild decrease in pain in the medial right foot/ankle. Per medical notes dated 03/11/14, patient states that acupuncture continues to benefit pain and allows him to function. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.