MAXIMUS Federal Services

Case Number:	CM14-0218608		
Date Assigned:	01/08/2015	Date of Injury:	11/01/2012
Decision Date:	03/09/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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 49 year old female, who sustained an industrial injury on 11/01/2012. She has reported persistent complaints of left ankle pain, paresthesias, and weakness as well as complaints of lower back pain. The diagnoses have included lumbar radiculopathy, lumbago, plantar fasciitis, and possible reflex sympathetic disorder. Treatment to date has included home exercises, acupuncture, and medications. Currently, the IW complains of foot/ankle, left side, and lumbosacral pain. The treating physician states they are awaiting authorization for physical therapy and stimulation unit. On 11/25/2014, the injured worker submitted an application for IMR for review of Additional acupuncture treatment with e-stim, twice weekly, unspecified ankle/foot per 11/24/2014 form, Qty: 8.00. On 12/09/2014, Utilization Review non-certified the above request noting the medical records submitted do not provide a measurable functional and objective goal that is measurable deficient and in need of improvement. The Medical Treatment Utilization Schedule Acupuncture Medical Treatment Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture treatment with e-stim, twice weekly, unspecified ankle/foot:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional acupuncture treatment for ankle/foot which was non-certified by the utilization review. There is lack of evidence that prior acupuncture care was of any functional benefit. 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. requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, additional 8 acupuncture treatments are not medically necessary.