

Case Number:	CM15-0119216		
Date Assigned:	06/29/2015	Date of Injury:	05/15/2013
Decision Date:	07/29/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/19/2015

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: 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 53 year old female, who sustained an industrial injury on 5/15/13. She reported initial complaints of left foot repetitive trauma. The injured worker was diagnosed as having unspecified hereditary and idiopathic peripheral neuropathy; other acquired deformity of ankle/foot; sprain/strain unspecified site of foot; stress fracture of other bone; tarsal tunnel syndrome; thoracic/lumbosacral neuritis or radiculitis unspecified; unspecified ganglion; unspecified mononeuritis of lower limb. Treatment to date has included acupuncture; medications. Diagnostics included MRI left foot (10/2014). Currently, the PR-2 notes dated 5/15/15 indicated the injured worker was in this office as a follow-up visit. She was seen previously on 5/5/15 and started on a course of anti-inflammatories (Zorvolex) that did help alleviate a significant portion of her pain. She continues her acupuncture and completed 6 of 6 sessions with 80% pain relief for the dorsum of her left foot. She has noticed the treatment has significantly decreased the edema in the left foot as well. She described her pain on this visit as localized along the medial plantar aspect of her left foot, aching, throbbing sensation that is worse with weight bearing. She indicates the swelling and color changes have since improved. She continues to have mild pain along the interspace of the first and second toes along the distribution of the peroneal nerve. A focused neurological examination was done noted motor strength testing demonstrates good strength in all major myotomes bilateral lower extremities. She has good range of motion at the ankle, plantar flexion, and dorsiflexion. Sensation is intact to light touch and pinprick. There is no evidence of hyperalgesia. There is focal tenderness to percussion at the long and medial plantar arch as well as along the second and third metatarsals.

The provider's treatment plan wants to continue her pain medications and hold the Topamax as she has not started this yet. He has also requested authorization for Acupuncture 8 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic) (updated 03/26/2015).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. Although the patient obtained with prior acupuncture care, subjective gains documented as 80% pain reduction, oddly, no functional or activities of daily living improvement were documented with prior acupuncture care. In addition, the request is for acupuncture x 8, number that exceeds the guidelines criteria without a medical reasoning to support such request. Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, activities of daily living improvement or reporting any extraordinary circumstances to override the guidelines recommendations, the additional acupuncture x 8 fails to meet the criteria for medical necessity. Therefore, the request is not medically necessary.