

<b>Case Number:</b>	CM15-0090591		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	11/02/2002
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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 48 year old male, who sustained an industrial injury on 11/02/2002. The injured worker is currently diagnosed as having chronic neuropathic pain symptoms in the right foot following multiple surgeries and status post open reduction and internal fixations for pelvic, sacral, right calcaneal, and right ankle fractures. Treatment and diagnostics to date has included Transcutaneous Electrical Nerve Stimulation Unit, multiple right foot surgeries, and medications. In a progress note dated 04/13/2015, the injured worker presented with complaints of low back pain. Objective findings include weakness in all muscle groups of both lower extremities, limited range of motion to right ankle, and tenderness to palpation of paraspinal muscles with spasm. The treating physician reported requesting authorization for acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x/week for 12 weeks, on psychotherapeutic care: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Acupuncture guidelines, Mental Illness and Stress.

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

**Decision rationale:** The Acupuncture Medical Treatment guideline states that acupuncture may be extended with documentation of functional improvement. It was noted that the patient received a few acupuncture in 2008 and benefited from it. However, there was no objective, quantifiable documentation regarding functional improvement from prior acupuncture session. Based on the lack of documentation of functional improvement from prior acupuncture sessions, the provider's request for 24-acupuncture session is not medically necessary at this time.