

<b>Case Number:</b>	CM13-0059778		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/02/1994
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractic, has a subspecialty in 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 physician 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 patient is a 57-year-old male with a date of injury of 4/1/1994. According to the progress report dated 11/06/2013, the patient complained of cervical spine pain and bilateral upper extremity radiculopathy. He also complained of headaches that start at the base and spreads to the top of the head. The patient noted weakness in the shoulder. There were complaints of thoracic and lumbar spine pain. There were no changes in the objective findings since the last exam dated 9/19/2013. Significant objective findings from exam dated 9/19/2013 include tenderness in the left cervical, left thoracic and left lumbar paraspinal. Motor testing was 5/5 in the bilateral upper and lower extremity. There was a decrease in sensation along the bilateral C-8 dermatome. Cervical spine compression and distraction test were positive. Straight leg raise was positive bilaterally. Cervical, thoracic, and lumbar spine range of motion was decrease. The patient was diagnosed with lumbago, thoracic or lumbosacral neuritis or radiculitis unspecified, and sprain of the thoracic region.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 x week for 3 weeks to the thoracic and lumbar spine:** Upheld

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

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

**Decision rationale:** The acupuncture guideline states that acupuncture may be extended if there is documentation of functional improvement. There was evidence that the patient had a trial of acupuncture sessions; however, there was no documentation of functional improvement with those sessions. Therefore, the provider's request for additional acupuncture sessions 2 times a week for 3 weeks to the thoracic and lumbar spine is not medically necessary at this time.