

<b>Case Number:</b>	CM14-0139422		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	07/27/2009
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 a licensed Chiropractor and Acupuncturist 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 58 year old female who reported neck and thoracic spine pain from an injury sustained on 07/29/09 due to cumulative trauma of repetitive computer work. MRI of the thoracic spine dated 11/27/13 revealed posterior disc bulge throughout the spine. Patient is diagnosed with thoracic radiculitis. Patient has been treated with medication, epidural injection and physical therapy. Per medical notes dated 07/21/14, patient complains of thoracic and neck pain. Examination revealed decreased range of motion and tenderness to palpation of the cervicothoracic paraspinal region. She has also, on her own, tried a couple of sessions of acupuncture and states that helped, each sessions usually lasting more than a few weeks at a time and seems to be adding some longitudinal gain in her pain and functional gain. Provider is requesting initial trial of 2X12 acupuncture sessions which was modified to 1X6 by the utilization reviewer. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x/wk x 12 wks thoracic spine:** Upheld

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

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

**Decision rationale:** The injured worker is a 58 year old female who reported neck and thoracic spine pain from injury sustained on 07/29/09 due to cumulative trauma of repetitive computer work. MRI of the thoracic spine dated 11/27/13 revealed posterior disc bulge throughout the spine. Patient is diagnosed with thoracic radiculitis. Patient has been treated with medication, epidural injection and physical therapy. Per medical notes dated 07/21/14, patient complains of thoracic and neck pain. Examination revealed decreased range of motion and tenderness to palpation of the cervicothoracic paraspinal region. She has also, on her own, tried a couple of sessions of acupuncture and states that helped, each sessions usually lasting more than a few weeks at a time and seems to be adding some longitudinal gain in her pain and functional gain. Provider is requesting initial trial of 2X12 acupuncture sessions which was modified to 1X6 by the utilization reviewer. The requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. This request is not medically necessary.