

<b>Case Number:</b>	CM14-0063541		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/22/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 08/22/13 while working in construction when he fell off the back of his truck. There was loss of consciousness and he was found to have a left temporal bone fracture and T4 fracture. He was hospitalized for approximately one week. His fracture was treated with a brace. On 12/13/13, he was having ongoing neck, thoracic, and low back pain. Physical examination findings included mild upper thoracic tenderness. Recommendations included discontinuing the brace and he was referred for physical therapy. He was released to modified work. On 12/17/13 a course of six planned acupuncture treatments was started. On 01/23/14, he was having ongoing symptoms. Electroacupuncture treatments are referenced as having been helpful with improved function and allowing him to perform self-care activities. Medications were Mobic and Flexeril taken as needed. Continued acupuncture treatment was recommended. The assessment references having started "doing some therapy treatment" which had also been helpful. He was continued at temporary total disability. On 02/26/14 he was using a TENS unit and medications include tramadol, topical ketoprofen, Mobic, and Neurontin. He was seen on 03/19/14 for a neurology evaluation. His history of injury was reviewed. He was having headaches rated at 5/10 improved when taking either Motrin or Tylenol. There was tenderness throughout the spine with decreased range of motion. There was a normal neurological examination. The assessment references the claimant as wanting to return to work after additional treatment for his low back. On 03/25/14, there is reference to improved function and improved ability to perform self-care activities. Physical examination findings included decreased cervical and thoracic spine range of motion. There was a normal strength examination. The letter references benefit from conservative

treatments including physical therapy, acupuncture, and exercise. He had been able to discontinue use of his thoracic brace and was more functional, including being able to perform more self-care activities. Electroacupuncture treatments are documented. There appear to have been eight treatment sessions planned with the first treatment beginning on 03/26/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Electro acupuncture 2 times weekly for 4 weeks to lumbar thoracic spine:** Overturned

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

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

**Decision rationale:** The claimant is more than one- year status post work-related injury with significant trauma including a T4 fracture. He continues to be treated for chronic pain. The role of acupuncture is addressed in the treatment of chronic pain with a time to produce functional improvement of 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented, meaning either a clinically significant improvement in activities of daily living or a reduction in work restrictions. Guidelines recommend a frequency from one to three times per week with optimum duration of 1 to 2 months. In this case, when seen by the requesting provider he had been able to discontinue use of his thoracic brace and was able to perform more self-care activities. The requested frequency and duration of treatment is within guidelines recommendations. Therefore, extension of electroacupuncture treatments is medically necessary.