

<b>Case Number:</b>	CM14-0087024		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/10/2013
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 & Rehabilitation and Pain Medicine 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 46-year-old male who reported an injury on 07/10/2013 due to while working on a construction site injured his thoracic spine. The injured worker has diagnoses of cervical degenerative disc disease, thoracic degenerative disc disease, cervicgia and thoracic radiculitis. Medical treatment consists of physical therapy, a TENS unit, acupuncture, cervical epidural steroid injection, thoracic epidural steroid injection, and medication therapy. Medication includes the injured worker taking ibuprofen 800 mg 2 to 3 times a day. On 09/30/2013, the injured worker underwent an MRI of the cervical and lumbar spine which revealed some degenerative disc disease protruding posteriorly to the cervical spine at C4-5, C5-6 levels. The injured worker also had disc protruding posteriorly from T7-9 level. There was no spinal stenosis or fracture on the injured worker's pain, it did correlate with the thoracic/lumbar vertebral body injury. On 05/21/2014, the injured worker complained of thoracic spine pain and chronic low back pain. Physical examination revealed that sensory was intact to light touch, vibration, temperature and position in upper and lower extremities. Examination of the neck revealed a flexion of 30 degrees and an extension of 20 degrees with pain in both directions. Bilateral cervical facet loading test were positive. The Spurling's sign was negative bilaterally. Exam of the thoracic spine revealed tenderness at the T7-10 area. Motor strength examination revealed that bulk was normal, tone was normal, abnormal movements were none, strength was 5/5 throughout the upper and lower extremities. The treatment plan was for the injured worker to continue acupuncture therapy for the thoracic spine. The rationale and the Request for Authorization Form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, Thoracic Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation American Medical Association - Radiculopathy.

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

**Decision rationale:** The request for acupuncture for the thoracic spine is not medically necessary. California MTUS Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, and is used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effects of medication-induced nausea, promote relaxation in an anxious patient and reduce muscle spasm. The time to produce functional improvement is 3 to 6 treatments and acupuncture treatments may be extended if functional improvement is documented including either a clinical significant improvement in activities of daily living or a reduction in work restrictions. It was noted in the submitted report that the injured worker had received prior acupuncture therapy. There was no documented evidence stating what the injured worker's pain levels were before, during, or after the sessions of acupuncture. There was also no documentation showing whether the acupuncture helped with any functional deficits the injured worker might have had. There were no assessments submitted for review. It is stated in the guidelines that functional improvement is visible within the first 3 to 6 treatments and acupuncture may be extended if functional improvement is documented, including either a clinical significant improvement in activities of daily living or a reduction in work restrictions. There was no such evidence supported in the review submitted. Furthermore, the submitted request did not specify how many sessions or the duration of acupuncture therapy the provider was requesting. As such, the request for acupuncture of the thoracic spine is not medically necessary.