

<b>Case Number:</b>	CM15-0041646		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	07/30/2013
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 52 year old female who sustained an industrial injury on 7-30-13. Her initial symptoms and the nature of injury are not available for review. On the PR-2 dated 12-17-14, it indicates that the injured worker presented to the office for follow-up of her anterior cervical discectomy and fusion of C5-6 on 5-12-14. She reported that her neck pain remained "constant". She also complained of daily headaches. X-rays completed in December 2014 revealed "continued non-union - pseudoarthrosis at C5-6". Diagnoses on the PR-2 included: cervical fusion-anterior, non-union of fracture, and thoracic sprain and strain. The treatment plan was to request authorization for 12 sessions of post-operative therapy and 12 sessions of acupuncture, as well as follow-up with pain management. A detailed progress report from that visit indicates that the injured worker's neck pain was radiating down both arms. She rated the pain "4-5 out of 10" and indicated that her pain was "inadequately controlled". She expressed that her activities of daily living were limited due to the pain. Diagnoses in that report included bilateral occipital neuralgia, cervicogenic headaches, cervical radiculopathy, cervical fusion C5-8, and opioid induced constipation. In addition to the above recommended treatment plan, it was also recommended to continue her medications and follow-up with her psychiatrist. A functional restoration program was discussed, however, the injured worker declined due to unreliable transportation. Prior recommended service denials included VQ interferential unit, bilateral occipital nerve blocks, gastroenterology consultation, and a request for transportation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued acupuncture sessions for the cervical and thoracic spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Acupuncture.

**Decision rationale:** Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, continued acupuncture to cervical spine and thoracic spine is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are cervical fusion; nonunion fracture; thoracic sprain strain; neck pain; pseudo-arthrosis C-5 - C6; bilateral occipital neuralgia; cervicogenic headache; and anterior cervical discectomy and fusion. The date of injury is July 30, 2013. Request for authorization February 19, 2015. Documentation indicates worker received 20 acupuncture therapy sessions to date. The guidelines recommend 8 to 12 visits over 4 to 6 weeks with documented objective functional improvement. The treating provider is requesting additional acupuncture over and above the recommended guideline allotment. There are no compelling clinical facts indicating additional acupuncture is currently indicated. The worker received physical therapy that started September 2014 and discontinued November 2014 secondary to pain. Injured worker is engaged in a home exercise program. Consequently, absent compelling clinical documentation indicating additional physical therapy over the recommended guideline allotment (8-12), continued acupuncture to cervical spine and thoracic spine is not medically necessary.