

<b>Case Number:</b>	CM15-0175972		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	12/14/2014
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 43 year old male, who sustained an industrial injury on 12-14-2014. Diagnoses include compression fractures of the thoracic spine. Treatment to date has included diagnostics, medications, modified work, physical therapy and acupuncture. Medications as of 7-20-2015 include Norco, Robaxin, Soma, Methocarbamol, Citalopram, Cetirizine and vitamin D. Per the Primary Treating Physician's Progress Report dated 7-20-2015 the injured worker reported mid back pain aggravated by reaching. He has had one session of acupuncture so far and has 5 more authorized. He is currently working and denies any new accidents or injuries. Objective findings included tenderness in the midline thoracic spine from T3-T7. Active range of motion of the thoracic spine included flexion 50 degrees (50+), ankylosis 0 degrees (0) and extension 30 degrees (30+). Per the Acupuncture Progress Note dated 7-17-2015 the injured worker presented for his 6th out of 6 visits. He reported continued pain in the neck, upper back, and mid back from T4-8, but not as severe and intense as it was. The recommendation was for continuation of treatment (2x4). Per the medical records dated 5-13-2015 to 7-20-2015 there is not documentation of a change in functional level, activities of daily living or pain level with the current treatment. Work status was modified. The plan of care included appeal of a bone scan of the thoracic spine, continuation of acupuncture and medications. On 9-03-2015, Utilization Review modified the request for continued acupuncture sessions (2x3) for the thoracic spine and non-certified the request for consultation with a pain management specialist (1x1) for the thoracic spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued acupuncture sessions (thoracic) 2 x 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The 43 year old patient complains of mid back pain, rated at 2/10 with medications and 7/10 without medications, as per progress report dated 07/20/15. The request is for continued acupuncture sessions (thoracic) 2 x 3. There is no RFA for this case, and the patient's date of injury is 12/14/14. The patient has been diagnosed with compression fracture of the thoracic spine. Medications included Norco and Robaxin. The patient is on modified duty, as per the same progress report. For acupuncture, the MTUS Acupuncture Treatment Guidelines 2007, page 8 and Acupuncture section, recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, the MTUS Guidelines requires functional improvement as defined by Labor Code 9792.20(e) a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. In this case, a request for six sessions of acupuncture is first noted in progress report dated 06/24/15. As per acupuncture progress report dated 08/04/15, the patient underwent an evaluation on 07/17/15 and completed 6 sessions since then. In the report, the therapist states that the patient's pain reduced from 8/10 to 6/10 and there was an increase in the range of motion as well. The therapist also requested for 8 additional sessions to improve the circulation of the neck, upper back, and mid back, bring down the inflammation, and relieve the pain. Based on the improvements from prior therapy, the Utilization Review modified the request for six additional sessions of acupuncture and authorized 4 sessions, as per denial letter dated 09/03/15. As per acupuncture progress report dated 09/15/15 (after the UR denial date), the patient completed 3 of the 4 sessions. In progress report dated 09/14/15 (after UR denial date), the treater states that the patient reported developing a different feeling on the right side of neck after session dated 09/11/15. It is not clear if the patient benefited from additional acupuncture or not. The primary care physician does not discuss the impact of additional 4 session of acupuncture on the patient's pain and function. MTUS requires documentation of objective functional improvement for additional therapy. Hence, this request is not medically necessary.

**Consultation with a pain management specialist (thoracic):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, chapter 7, Independent Medical Examinations (IMEs), page 127.

**Decision rationale:** The 43 year old patient complains of mid back pain, rated at 2/10 with medications and 7/10 without medications, as per progress report dated 07/20/15. The request is for consultation with a pain management specialist (thoracic). There is no RFA for this case, and the patient's date of injury is 12/14/14. The patient has been diagnosed with compression fracture of the thoracic spine. Medications included Norco and Robaxin. The patient is on modified duty, as per the same progress report. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, Independent Medical Examinations (IMEs), page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, none of the reports discuss the request. The patient continues to complain of pain in neck and upper back, in spite of extensive treatment in form of medications, physical therapy and acupuncture. A pain management specialist help overcome pain and improve function. Hence, the request for a consult appears reasonable and is medically necessary.