



## IMED, INC.

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### Notice of Independent Review Decision

**DATE OF REVIEW:** 04/09/09

**IRO CASE NO.:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Item in dispute: Acupuncture cervical/upper thoracic

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

Doctor of Chiropractic Medicine  
Diplomate of the American Association of Quality Assurance & Utilization Review  
Physicians  
Diplomate of the American Academy of Pain Management  
Certified by the American Academy of Disability Evaluating Physicians  
Fellow of the American Back Society  
MD Physician in Training, Resident Year 2

**REVIEW OUTCOME**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**PATIENT CLINICAL HISTORY (SUMMARY):**

The employee was injured on xx/xx/xx when she began to experience lower back pain.

X-rays of the lumbar spine were obtained on xx/xx/xx and were unremarkable.

The employee saw M.D., on 05/14/08 as well as 05/28/08. Dr. recommended an MRI.

M.D., saw the employee on 05/19/08. X-rays were obtained and showed slight retrolisthesis of L4 and L5 and symptoms suggested disc disruption. An MRI was recommended and Lodine was also prescribed.

The MRI performed on 05/30/08 noted disc desiccation at L3-L4 with shallow central protrusion. At L4-L5, the disc was preserved in height but diffusely desiccated with a

small subligamentous disc bulge. The conclusions were early degenerative changes at those levels.

There was an MRI of the cervical spine, as well as an MRI of the thoracic spine performed on 07/02/08.

The employee was seen by Dr. on 07/03/08. Dr. recommended an EMG.

An EMG/NCV study was performed on 07/24/08 by M.D. The NCV studies were normal. There was no evidence of denervation potentials to suggest the presence of lumbosacral radiculopathy.

The employee saw M.D., for a Designated Doctor Evaluation on 09/05/08. Dr. recommended an epidural steroid injection with a chronic pain specialist and physical therapy. It was felt the employee was not at Maximum Medical Improvement (MMI),

M.D., saw the employee on 12/03/08 with complaints of severe neck and lower back pain with intermittent weakness of the right hand and numbness intermittently in both hands. The employee stated that physical therapy and chiropractic manipulation improved her motion. Epidural steroid injections were again recommended.

M.D., saw the employee on 12/29/08. The employee was noted to have posttraumatic cervical disc disease, posttraumatic lumbar disc disease, with right sided sciatica and possible neurogenic bowel retention.

An MRI of the right hip/groin was performed on 01/14/09. There was evidence of cystic fluid collection anterior to the superior right acetabulum which was felt to be a paralabral cyst, minimal bilateral hip joint effusions, and a small central disc protrusion at L5-S1.

M.D., evaluated the employee on 01/22/09. It was noted that she was not a candidate for surgery.

On 02/23/09, the employee presented to Health Care Associates, Clinical & Rehabilitation Psychology for a psychological evaluation. The treatment recommendations were that the employee was in need of behavioral pain management training, and that she would require six to eight sessions of therapy. It was also noted that she should continue her antidepressant medication.

There was a letter of response on 02/23/09 from D.C. Dr. disagreed with Dr. 's assessment of the injured employee and felt that the hip was causally related to the work injury.

There was a follow-up examination on 02/27/09 from Dr. Dr. indicated that since the employee improved so well with a lumbar injection, he would certainly give the idea of a cervical injection strong credence.

There were adverse determination notices from Services Corporation dated 03/02/09 thru 03/16/09.

There was a comprehensive patient evaluation report on 03/06/09.

An additional peer review was dated 03/06/09 from M.D.

### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

The ***Official Disability Guidelines*** suggest that acupuncture for the cervical and upper thoracic spine “under study for the upper back” but “not recommended for neck pain”. The records and/or the research cited by the ***Official Disability Guidelines*** suggests “the efficacy of acupuncture for chronic mechanical neck pain still remains unproven”. Although the ***Official Disability Guidelines*** do allow acupuncture as a trial form of care, the research does not support the use of acupuncture for the cervical spine, nor does it support the use of acupuncture for chronic mechanical neck pain.

Since this employee has had subjective complaints of neck pain since June of 2008 with no direct trauma to the neck at all, and since acupuncture is little more than a passive form of physical therapy, the current use of acupuncture for the cervical and upper thoracic area would not be recommended as medically necessary or appropriate. The ***Official Disability Guidelines*** do not support the use of acupuncture for neck pain, nor do they support the use of acupuncture for chronic mechanical neck pain as in this employee’s condition.

In summary, acupuncture for the cervical and upper thoracic spine is not appropriate. This is based on the ***Official Disability Guidelines*** as updated in 2009.

### **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

#### ***1. Official Disability Guidelines***