

Case Number:	CM13-0015626		
Date Assigned:	12/11/2013	Date of Injury:	10/18/2001
Decision Date:	02/10/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal 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 physician 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 was assaulted in October 2001 while working as a Psychiatric technician, with resulting cervical spinal injury and disc disease. She has not worked since then. The treatment has included epidural spinal injections, radiofrequency rhizotomy in 2004, anterior and posterior lumbar fusions in 2002, hardware removal in 2004, multilevel cervical discectomies and fusion with residual cervical disc disease and L4-5 spinal stenosis. A fourth discectomy and fusion at C 3-4 was denied in 2013. She has also received a dorsal column stimulator (removed in 2008), an intrathecal morphine pump insertion in 2011, and trigger point injections. The medications include intrathecal morphine, and bupivacaine, Topomax, Imitrex and Cymbalta. A psychiatric evaluation, disability care have also been addressed. The symptoms include cervical pain and radiculopathy and cervicogenic headache.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) acupuncture sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine Literature Search, 1980-2013.

Decision rationale: The California Chronic Pain Guidelines defer to the ACOEM guidelines regarding acupuncture. The ACOEM guidelines state that invasive techniques such as acupuncture have no proven benefit in acute neck and upper back symptoms; chronic symptoms are not addressed. A review of the medical literature through the National Library of Medicine shows no published studies within the last 24 years reviewing effects of acupuncture on neck pain. Therefore this treatment is not medically necessary.

Retro trigger point injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Section Page(s): 122.

Decision rationale: Trigger point injections are recommended in the Chronic Pain guidelines of the MTUS for myofascial pain syndrome only with documentation of circumscribed trigger points; referred pain and a twitch response; persistent symptoms; and failure to respond to other modalities. While the last two conditions have been met, no documentation is found for the first two. Therefore this treatment is not medically necessary