

Case Number:	CM13-0039954		
Date Assigned:	12/20/2013	Date of Injury:	10/18/2010
Decision Date:	03/18/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/28/2013

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic back pain reportedly associated with an industrial injury of October 18, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; a cervical epidural steroid injection; occipital nerve injections on June 5, 2013; and psychotropic medications. In a Utilization Review Report of October 7, 2013, the claims administrator partially certified a request for 12 sessions of acupuncture and six sessions of acupuncture while denying a request for bilateral occipital nerve injection, citing a lack of documented improvement with prior occipital nerve blocks. The applicant's attorney subsequently appealed. In an October 2, 2013 progress note, it is stated that the applicant has returned to work with a rather proscriptive 5-pound lifting limitation. It is not clearly stated whether the applicant has returned to work as a medical coder or not. On October 2, 2013, the applicant was described as using Butrans patches, Zanaflex, and Elavil. Acupuncture and bilateral occipital nerve blocks were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Two Times a Week for Six Weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: (a) As used in this section, the following definitions apply: (1) "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. (2) "Acupuncture with electrical stimulation" is the use of electrical current (micro-amperage or milli-amperage) on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. (3) "Chronic pain for purposes of acupuncture" means chronic pain as defined in section 9792.20(c). (b) Application (1) These guidelines apply to acupuncture or acupuncture with electrical stimulation when referenced in the clinical topic medical treatment guidelines in the series of sections commencing with 9792.23.1 et seq., or in the chronic pain medical treatment guidelines contained in section 9792.24.2. (c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week (3) Optimum duration: 1 to 2 months (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(f). (e) It is beyond the scope of the Acupuncture Medical Treatment Guidelines to state the precautions, limitations, contraindications or adverse events resulting from acupuncture or acupuncture with electrical stimulations. These decisions are left up to the acupuncturist. Note: Authority cited: Sections 133, 4603.5, 5307.3 and 5307.27, Labor Code. Reference: Sections 77.5, 4600, 4604.5 and 5307.27, Labor Code.

Bilateral Occipital nerve Block Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG head Chapter, Greater Occipital Nerve Block (GONB)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACEOM Chronic Pain, Diagnostic Treatment Considerations, Anesthetic Injections

Decision rationale: Greater occipital nerve blocks are occasionally used to attempt to determine whether a complaint of headache is due to static neck position versus migraine. There are no quality studies demonstrating that repeated injections, the addition of corticosteroid, or attempts to ablate the aforementioned peripheral nerves are effective in the long-term management of chronic localized pain. Â§9792.20 Medical Treatment Utilization Schedule -Definitions As used in this Article: (f) "Functional improvement" means either a clinically significant improvement

in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment.