

<b>Case Number:</b>	CM13-0062885		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/17/2007
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 patient is a 53 year old male with date of injury 04/17/2007 with no reported mechanism of injury. He carries a diagnosis of cervical disc disease, thoracic back pain, lumbar disc disease, chronic back pain, myofascial pain in the neck and lumbar spine, comorbid anxiety and post-traumatic insomnia, and uses Norco, Tizanadine, and Tramadol for pain control. Trigger point to the lumbar spine was done for the lumbar spine on 12/3/2014 and follow-up exam 12/10/2013 shows subjective improvement, but no change in the clinical exam or pain score. Acupuncture has been used according to the oldest PR2 note dated 5/29/2012. The current request is for acupuncture with needle, cupping acupuncture, electro acupuncture 1 x a week for four weeks, and also trigger point injection to lumbar region x 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture with needle, cupping acupuncture, electro acupuncture 1 x a week x 4 weeks:**  
Upheld

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

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

**Decision rationale:** The MTUS guidelines indicate that acupuncture can be used as an adjunct for pain control and help in rehabilitation. Usual duration is 2 months but may be extended if documentation of functional improvement is shown by significant decrease in pain, increase in activities of daily living and/or a reduction in work restrictions shown on the history and physical exam. The oldest note available for review is a PR2 dated 5/29/2012 and the employee was receiving acupuncture at that time. There is no clear documentation of how acupuncture has helped this employee over the last 2 years as reflected by the guidelines for extended acupuncture treatment. Therefore, criteria are not met for this period of treatment of acupuncture greater than 2 months and the medical necessity has not been met based on the data available for review.

**Trigger point injection, lumbar x 1:** 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 Page(s): 122.

**Decision rationale:** The employee had a trigger point injection documented in December 2013. The follow-up note stated that there was subjective improvement but the pain score was still 7 out of 10 (same as prior to injection) and the physical exam was documented as completely unchanged from the note during the trigger point injection. The MTUS guidelines indicate trigger point injection may be an option as adjunctive treatment for specific pain issues. However, further trigger point injections should only be done if at least 50% or greater pain relief is documented for six consecutive weeks and documented functional improvement is seen. There is no evidence in the clinical notes to this effect and therefore, further trigger point injections for the lumbar region are not medically necessary.