

<b>Case Number:</b>	CM14-0181083		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	09/10/2013
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York. 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/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 54-year-old male who was injured on September 10, 2013. The patient continued to experience pain in his head, neck, upper back, bilateral shoulders, left forearm, and left hand. Physical examination was notable for tenderness and spasm over the bilateral cervical paraspinal and trapezius muscles, decreased, painful range of motion of the cervical spine, and tenderness and spasm of the lumbar paraspinal muscles. Diagnoses included cervical, thoracic, and lumbar spine sprain/strain/discogenic pain, recurrent headaches, diabetes, and hypertension. Treatment included medications and physical therapy. Requests for authorization for acupuncture visit #12, pain management consult, and neurology consult were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 acupuncture visits, infrared, electrical acupuncture, and capsaicin patch:** Upheld

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

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

**Decision rationale:** Section 9792.24.1 of the California Code of regulations states that Acupuncture is used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation. 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. Acupuncture with electrical stimulation is the use of electrical current 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. Specific indications for treatment of pain include treatment of joint pain, joint stiffness, soft tissue pain and inflammation, paresthesias, post-surgical pain relief, muscle spasm and scar tissue pain. ODG states that acupuncture is not recommended for acute back pain, but is recommended as an option for chronic low back pain in conjunction with other active interventions. Acupuncture is recommended when use as an adjunct to active rehabilitation. 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. Acupuncture treatments may be extended if functional improvement is documented. In this case the requested 12 visits exceed the recommended 3-6 treatments to determine if functional improvement occurs. The request is not medically necessary.

**One consultation with a pain management specialist:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, page 56

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Evaluation of Chronic Pain in Adults

**Decision rationale:** Many patients with chronic pain may be managed without specialty referral. Patients may require referral to a pain specialist for the following reasons: Symptoms that are debilitating; Symptoms located at multiple sites; Symptoms that do not respond to initial therapies; Escalating need for pain medication. In this case the patient has pain at multiple sites and is not responding to initial therapies. The request is medically necessary.

**One consultation with a neurologist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Evaluation of headache in adults

**Decision rationale:** Neuroimaging and lumbar puncture should be considered if danger signs are associated with headache. Patients requiring neuroimaging and/or lumbar puncture are appropriate for neurological referral. Danger signs in patients with headache include sudden onset of headache, or severe persistent headache that reaches maximal intensity within a few seconds or minutes after the onset of pain, the absence of similar headaches in the past ("worst" headache of my life"), worsening pattern of headache, any change in mental status, personality, or fluctuation in the level of consciousness, rapid onset of headache with strenuous exercise, head pain that spreads into the lower neck and between the shoulders, new headache in patients under the age of 5 or over the age of 50, new headache type in a patient with cancer, new headache type in a patient with Lyme disease, new headache type in a patient with HIV, and headache during pregnancy or postpartum. In this case the patient does not have any of the danger signs associated with headache. There is no indication for neurological referral. The request is not medically necessary.