

<b>Case Number:</b>	CM14-0052322		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	12/02/2009
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 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 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:

This is a 56-year-old male with a 12/2/09 date of injury. The mechanism of injury occurred when he began to note the gradual onset of neck pain radiating into the shoulders, numbness and tingling of the left hand. He attributed the pain to his normal work endeavors involving some bending, stooping, and lifting. According to a 3/5/14 orthopaedic consultation note, the patient complained of neck pain radiating into the shoulders. Objective findings: cervicothoracic posture was normal, paraspinous muscle tone was normal to palpation; tenderness in the left lower cervical area, active voluntary ROM of the cervical spine disclosed the patient was very guarded in neck motion, slight pain upon ROM of the left shoulder at extremes of mobility. Diagnostic impression: history of chronic recurring cervical strain, history of C7-T1 disc protrusion with intermittent neck and left upper extremity radicular complaints, internal derangement of the left shoulder status post arthroscopic repair. Treatment to date: medication management, activity modification, physical therapy, ESI, surgery, acupuncture. A UR decision dated 4/14/14 denied the requests for acupuncture therapy and trigger point therapy. Regarding acupuncture, there is no documentation noting functional improvement from the previous acupuncture sessions. As such, this request is not indicated as reasonable at this time. Regarding trigger point therapy, there is no documentation noting circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture Therapy for the Neck: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Topics Page(s): 1. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter (page 114).

**Decision rationale:** CA MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (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), for a total of 24 visits. According to the reports reviewed, it is documented the patient has received previous acupuncture treatments. However, there were no progress notes provided to determine if the patient achieved any functional improvement from the completed sessions. In addition, the total number of sessions completed was not provided for review. Guidelines support up to a total of 24 visits. Furthermore, the duration and frequency of acupuncture therapy were not provided in this request. Therefore, the request for Acupuncture Therapy for the Neck was not medically necessary.

**Trigger Point Therapy for the Neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 122.

**Decision rationale:** MTUS criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; medical management therapies have failed; radiculopathy is not present; and no more than 3-4 injections per session. Additionally, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. According to the reports reviewed, there were no circumscribed trigger points noted. In addition, there is no documentation that conservative treatments, such as medications, have failed. Furthermore, the duration and frequency of trigger point therapy was not provided in this request. Therefore, the request for Trigger Point Therapy for the Neck was not medically necessary.