

Case Number:	CM14-0067341		
Date Assigned:	07/11/2014	Date of Injury:	09/11/2012
Decision Date:	08/18/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/12/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 51-year-old female who reported blunt head trauma on 09/11/2012. She reported immediate neck pain with associated headaches and lumbar spine pain. On 05/28/2013, she described the pain in her neck as constant. She denied radicular symptoms. She had low energy and fatigue. She had difficulty concentrating and focusing. She had short-term memory problems. Her lumbar pain radiated down to both feet. The notes stated that she had attended chiropractic sessions for about 6 months, but continued to report consistent and persistent pain in her neck, mid-and low back. A CT of the brain was done on 05/29/2013 which showed no gross surgical issues. In a note dated 06/12/2013, a review of the cervical spine MRI of 06/07/2013, showed that she had degenerative disc disease at C6-7 with a 2.5 mm right lateral disc bulge and mild to moderate encroachment on the right nerve root canal. There was mild central canal stenosis. She had degenerative disc disease at C4-5 with a 2.5 mm left lateral spur and mild to moderate encroachment on the left nerve root canal. There was also degenerative disc disease at C5-6 with a 2 mm central disc protrusion and disc desiccation at C3-4 with a 0.5 mm central spur. The examination of the neck yielded a positive Spurling's test for faint radicular symptoms in a nondermatomal distribution down both upper extremities. Her diagnoses included status post blow to the head, acute cervical sprain with cervical degenerative disc disease, neural foraminal encroachment, and post concussive syndrome. On 05/28/2013, there was bilateral muscle rigidity and spasm in both trapezii, the scalene muscles, and the levator scapulae bilaterally. The posterior sternocleidomastoid muscles were tender at their insertional sites at the mastoid bones bilaterally. Flexion was full; extension was 20/45 degrees; right and left lateral rotations were diminished to 45/90 degrees. The note goes on to state that her neck had become increasingly problematic over the past 4 weeks, culminating in a recent severe exacerbation of neck pain, during which she was so stiff and in so much pain that she thought she would have to go to the

emergency room. She was provided with a cervical collar to wear for a few days and was prescribed Percocet 10/325 mg and Soma of an unknown dose. On 01/07/2014, the cervical examination revealed positive trigger points over the trapezii and suboccipital condylar areas. Spurling's test was positive. On 02/04/2014, her neck pain continued, and at that time, although they were recommended, she was contemplating not having cervical epidural steroid injections. On 04/17/2014, an electromyogram and nerve conduction studies of the bilateral upper and lower extremities were performed to evaluate complaints of neck and low back pain with radiation to the upper and lower extremities. The results of the study were that there was no electrical evidence of bilateral cubital or carpal tunnel syndrome, no electrical evidence of a cervical radiculopathy or brachial plexopathy affecting the C5 through T1 lower motor nerve fibers of the bilateral upper extremities or the cervical paraspinals. There was no electrical evidence of a generalized peripheral neuropathy affecting the upper or lower extremities. In the progress report dated 06/30/2014, there was tenderness to the paraspinal and trapezius muscles. Cervical flexion was 40 degrees, extension was 46 degrees, right rotation was 65 degrees, left rotation was 67 degrees, right lateral flexion was 35 degrees, and left lateral flexion was 34 degrees. On that date, her Percocet was discontinued and her medications included Naprosyn 550 mg, Fexmid 7.5 mg, Norco 7.5/325 mg, Norflex 100 mg, and Neurontin 600 mg. It was further noted that she had failed trials of NSAIDs and APAP. An acupuncture progress report note dated 06/06/2014 stated that she had had a recent cervical pain flare up, rating her pain at 10/10, and subsequent to the acupuncture treatment, the pain was reduced to a level of 6/10. The note states that the injured worker felt that acupuncture was "helping her". The frequency of her acupuncture treatments was twice a week times 3 weeks. This would be considered the rationale for the request for additional acupuncture treatments. There was no Request for Authorization found in the submitted documentation. The rationale for the trigger point injections was found in the 01/07/2014 note, where it stated the cervical spine demonstrated positive trigger points over the trapezii and suboccipital condylar areas.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture to the neck QTY: 6.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines recommend that acupuncture is 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. The recommended frequency of treatments is 1 to 3 times per week with functional improvement noted in 3 to 6 treatments. The optimum duration of treatments is 1 to 3 months. It further states that acupuncture treatments may be extended if functional improvement is documented. While the acupuncture note of 05/06/2014 does state that the injured worker felt that the acupuncture reduced her pain level, there was no documentation of functional improvement either in her

activities of daily living or a reduction in her work restrictions. Therefore, the request for additional acupuncture to the neck, quantity 6 is not medically necessary and appropriate.

Bilateral trap (trapezius) trigger point injections under ultrasound guidance QTY: 2.00:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 122.

Decision rationale: The California MTUS Guidelines guidelines recommend trigger points only for myofascial pain syndrome, and not for radicular pain. Also this procedure is only supported when the documentation shows evidence of a twitch response and referred pain with palpation. These findings were not specifically noted. Specifically, trigger point injections are not recommended for typical back pain or neck pain. Therefore, the request for bilateral trap (trapezius) trigger point injections under ultrasound guidance, quantity of 2, is not medically necessary and appropriate.