

Case Number:	CM14-0089716		
Date Assigned:	07/23/2014	Date of Injury:	06/20/2013
Decision Date:	09/18/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/13/2014

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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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 patient is a 44 year-old with a date of injury of 06/20/13. A progress report associated with the request for services, dated 03/18/14, identified subjective complaints of neck pain into the right arm. Objective findings included tenderness to palpation of the cervical spine with decreased range of motion. There was decreased sensation in the distribution of C5, C6, and C7. Reflexes were normal. Diagnoses included (paraphrased) cervical sprain/strain; cervical disc disease; and radiculopathy of the right upper extremity. Treatment had included 6 sessions of physical therapy in 2013 and NSAIDs and muscle relaxants. A Utilization Review determination was rendered on 05/22/14 recommending non-certification of 12 Sessions of Acupuncture Therapy (2x for 6 weeks), EMG/NCS of the Upper Extremities, Trigger Point Injection at Right Scapula.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Acupuncture Therapy (2x for 6 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that acupuncture is used as an option when pain medication is reduced or not tolerated, or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It further states that 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. The frequency and duration of acupuncture is listed as:- Time to produce functional improvement: 3 to 6 treatments.- Frequency: 1 to 3 times per week.- Optimum duration: 1 to 2 months.The non-certification was a modification to 6 sessions based on functional improvement. The request exceeds the frequency Guidelines for acupuncture therapy without evidence of functional improvement. Therefore, there is no documented medical necessity for acupuncture as requested.

EMG/NCS of the Upper Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182.

Decision rationale: The ACOEM portion of the Medical Treatment Utilization Schedule (MTUS) notes that when the neurologic examination is less clear for radiculopathy that electromyography (EMG) and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck and arm symptoms lasting more than three to four weeks. Conversely, EMG is not recommended for diagnosis of nerve root involvement if the findings in the history, physical exam, and imaging studies are consistent. In this case, the findings were consistent for a radiculopathy. Likewise, the signs and symptoms were unilateral. The non-certification was amended to a unilateral EMG/NCS. Therefore, the medical record does not support the medical necessity of a bilateral EMG/NCS.

Trigger Point Injection at Right Scapula: 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 Medical Treatment Utilization Schedule (MTUS) states that trigger point injections are recommended for myofascial syndrome with limited lasting value. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. They are not recommended for radiculopathy, fibromyalgia, or typical neck or back pain. Criteria for a trigger point injection include the following:- Documentation of trigger points on physical examination with a positive twitch response.- Symptoms have persisted for more than 3 months.- Medical management

therapies such as stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control the pain.- Radiculopathy is not present (by exam, imaging, or neuro-testing).- Not more than 3-4 injections per session.- No repeat injections unless greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement.- Frequency should not be at an interval less than two months.- Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. In this case, the patient did not meet the criteria for initial injection of trigger points, such as a positive twitch response. Therefore, there is no documented medical necessity for a trigger point injection.