

Case Number:	CM14-0203325		
Date Assigned:	12/15/2014	Date of Injury:	05/01/2004
Decision Date:	02/04/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/04/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 52 year old female sustained a work related injury on 05/01/2004. The mechanism of injury was not made known. Acupuncture treatments were submitted for review and included 8 sessions dated 06/11/2014-08/04/2014. On 08/04/2014, the acupuncture progress report noted 50% improvement. A progress report dated 08/04/2014 noted that the injured worker had improvement with acupuncture and that it helped to improve her radiating symptoms and headaches. As of a progress report dated 10/17/2014, the injured worker continued to have significant pain, weakness and cramping to her right hand with difficulty grasping objects. She continued to have difficulties with activities of daily living, secondary to her painful condition. According to the provider, she had acupuncture treatment in the past with improvement. Diagnoses included cubital tunnel syndrome right elbow, carpal tunnel syndrome right hand, and complex regional pain syndrome/reflex sympathetic dystrophy right upper extremity, trigger thumb of the right thumb, clinical depression and gastrointestinal issues secondary to chronic medication use. The treatment plan included appealing authorization for additional acupuncture treatment 8 sessions as this was beneficial to the patient, continue to follow with gastrointestinal specialist, continue previously dispensed medication and a B12 injection was given. The injured worker was permanent and stationary under future medical care. She was unable to work. On 11/06/2014, Utilization Review non-certified additional acupuncture treatments 2 times a week for 4 weeks and vitamin B12 injection times 1 that was requested on 10/31/2014. The Utilization Review physician cited recommendations from the Official Disability Guidelines. Acupuncture treatment for the upper extremities was not recommended. In regards to the upper portion of the cervical spine and upper back, guidelines state that it is still under study for the upper back but not recommended for neck pain despite substantial increase in its popularity and use. The efficacy of acupuncture for chronic mechanic neck pain still remains unproven.

Acupuncture reduces neck pain, produces statistically but not clinically significant effects compare with placebo. The beneficial effect of acupuncture may be due to both nonspecific and specific effect. Acupuncture is superior to conventional massage or dry needling of local myofascial trigger points and SHAM laser acupuncture for improving active range of motion and pain in patients who have chronic pain, particularly patients with myofascial pain syndrome. There was limited or conflicting evidence from clinical trials that acupuncture is superior to SAHM to control relief of neck pain. There was moderate evidence that acupuncture is more effective than weightless control for neck disorders of radicular symptoms. Guidelines recommends an initial trial of 3-4 visits over 2 weeks with evidence of objective functional improvement and a total of 8-12 visits may be certified. The request for B12 is not recommended for treatment of chronic pain such as this. Guidelines say that vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear. A recent meta-analysis concluded there is only limited data in randomized trials testing the efficacy of vitamin B for treating peripheral neuropathy and the evidence is insufficient to determine whether vitamin B is beneficial or not. In comparisons of vitamin B with placebo there was no significant short-term benefit in pain intensity. While there is a small significant benefit in vibration detection from oral benfotiamine, a derivative of thiamine, in comparing different doses of vitamin B complex, there was some evidence that higher doses resulted in significant short-term reduction in pain and improvement in paresthesia. In a composite outcome combining pain, temperature and vibration and in composite outcome combining pain, numbness and paresthesia, there was some evidence that vitamin B is less efficacious than alpha lipoic acid, cilostazol or cytidine triphosphate in short-term improvement of clinical and nerve conduction study outcomes. Vitamin B is generally well tolerated. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture treatments 2 times a week for 4 weeks: 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), Treatment Index 9th edition (web) 2011

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to MTUS guidelines, <Acupuncture" is used as 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. 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>. Furthermore and according to MTUS guidelines, < "Acupuncture with electrical stimulation" is the use of electrical current (microamperage or milli-amperage) 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>. The patient developed chronic neck pain and musculoskeletal disorders. There is no controlled studies supporting the efficacy of acupuncture for chronic neck pain She is a candidate for treatment with acupuncture. MTUS guidelines do not recommend acupuncture for chronic neck pain. In addition there is no clear documentation of the efficacy of previous use of acupuncture. More sessions could be considered when functional and objective improvement are documented. Therefore, the request is not medically necessary.

Vitamin B12 injection times 1: 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), Treatment Index 9th edition (web) 2011

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Vitamin B12. <http://www.rxlist.com/b12-drug.htm>.

Decision rationale: There is no documentation or justification for B12 injection in this case. There is no documentation of Vit B12 deficiency. Therefore, the request for B-12 IM injection is not medically necessary.