

<b>Case Number:</b>	CM14-0207174		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	04/17/2013
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 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:

The injured worker (IW) is a 48-year-old female with a date of injury of April 17, 2013. The mechanism of injury is not documented in the medical record. The injured worker's working diagnoses are thoracic outlet syndrome; brachial neuritis/radiculitis; and sprain/strain neck. Pursuant to the progress noted dated September 2, 2014, the IW complains of mild to intermediate cervical spine pain rated 1/10 to 6/10. The pain is described as achy and dull with radiating pain, numbness and tingling to the 3rd and 4th digits on the left. Documentation indicates the IW has completed her course of physical therapy. She is not taking any medications at this time. Examination of the cervical spine reveals tenderness to the left scalene, bilateral cervical paraspinals, and bilateral upper trapezius. Midline tenderness was present at C6-C7, and C7-T1. The treating physician's documentation reflects the IW received at least 16 sessions of physical therapy directed to the cervical spine. According to the UR documentation, the IW has received at least 27 physical therapy sessions this year. The documentation appears to indicate the IW has not received acupuncture to date. The IW was continuing a home exercise program that was alleviating her symptoms. There are no physical therapy progress notes or documentation indicating objective functional improvement with prior physical therapy. The current request is for 8 sessions of acupuncture to the cervical spine, pain management consultation, and 4 sessions of physical therapy to the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight sessions of acupuncture for the cervical spine: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck Section, Acupuncture.

**Decision rationale:** Pursuant to the Official Disability Guidelines, eight sessions of acupuncture to the cervical spine are not medically necessary. Acupuncture is under study for upper back, but not recommended for neck pain. Despite substantial increases in popularity, the efficacy of acupuncture for chronic mechanical neck pain still remains unproven. Acupuncture reduces neck pain and produces a statistically, but not clinically, significant effect compared with placebo. The guidelines enumerate the frequency and duration of treatments. Initial trial of 3 to 4 visits over two weeks. With evidence of objective functional improvement a total of 8 to 12 visits over 4 to 6 weeks may be appropriate. In this case, the injured worker's working diagnoses are thoracic outlet syndrome; brachial neuritis/radiculitis; and sprain/strain neck. The documentation appears to indicate the injured worker has not received acupuncture to date. Acupuncture is under study for the upper back and not recommended for neck pain. However, initial treatment of 3 to 4 visits over two weeks is recommended with subsequent evaluation to determine objective functional improvement. The treating physician requested eight sessions of acupuncture which are in excess of the recommended guidelines. Consequently, a request in excess of the recommended guidelines along with a non-recommendation of acupuncture for neck pain, eight sessions of acupuncture to the cervical spine are not medically necessary.

**Pain management consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations, Page 127. Official Disability Guidelines (ODG); Pain Section, Office Visits.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, pain management consultation is not medically necessary. Consultation or referral to a pain specialist should be considered when pain persists but the underlying tissue pathology is minimal or absent and correlation between the original injury and the severity of impairment is not clear. The need for clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. In this case, the injured worker's working diagnoses are thoracic outlet syndrome; brachial neuritis/radiculitis; and sprain/strain neck. The documentation indicates the injured worker was continuing a home exercise program that was alleviating her symptoms. The provider requested authorization for eight acupuncture sessions and four additional sessions of physical therapy. The

cause of the injury is not unclear and a pain management consultation prior to receiving additional physical therapy and acupuncture is not appropriate. Consequently, absent the appropriate clinical; documentation and pending physical therapy and acupuncture, pain management consultation is not medically necessary.

**Four physical therapy visits to the cervical spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck Section, Physical Therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 4 physical therapy visits to the cervical spine are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted. In this case, the injured worker's working diagnoses are thoracic outlet syndrome; brachial neuritis/radiculitis; and sprain/strain neck. The documentation reflects the injured worker received at least 16 sessions of physical therapy directed to the cervical spine. There are no physical therapy, progress notes or documentation indicating objective functional improvement with prior physical therapy. Additional physical therapy was requested throughout 2014. The documentation is unclear as to whether the injured worker received any additional physical therapy. The documentation does state the injured worker "completed her course of physical therapy". The documentation does not provide a clinical indication or rationale for an additional four physical therapy sessions to the cervical spine. The guidelines require a post physical therapy assessment to determine if additional treatment is required. Exceptional factors should be noted that the number of visits exceed the guidelines. The documentation does not provide exceptional factors or stated differently, compelling clinical facts, support additional physical therapy. Consequently, for additional physical therapy visits to the cervical spine are not medically necessary.