

Case Number:	CM14-0207335		
Date Assigned:	12/19/2014	Date of Injury:	08/31/2006
Decision Date:	02/13/2015	UR Denial Date:	11/15/2014
Priority:	Standard	Application Received:	12/11/2014

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 Rehab, has a subspecialty in Pain Management 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 female patient with the date of injury of August 31, 2006. A Utilization Review dated November 15, 2014 recommended modification of 6 acupuncture visits to 4 acupuncture visits and 1 Rx: Motrin 800mg #100 to 1 Rx: Motrin #60 and non-certification of 4 chiropractic services with cervical spine traction and 1 left trapezius trigger point injection under ultrasound guidance. A Progress Report dated September 17, 2014 identifies Primary Complaints of completed 10 chiro tx with minimal improvement to neck pain, stiffness, spasm, only 10% improvement. Objective Findings identify cervical spine TTP with spasm at left greater than right trap, periscap, PVM. Positive shoulder depression, decreased sensory at left upper extremity, left shoulder TTP at C, SST, periscap. Diagnoses identify C/S trap S/S, left upper extremity radiculopathy, DDD C5-C6, s/p left CTR and DeQuervain's release 10/07, and left shoulder tend/burs/imp. Treatment Plan identifies continue completion of chiro care, acupuncture 2x3, trigger point left trap, and Motrin 800mg 1 PO QID PRN #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 acupuncture visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Acupuncture.

Decision rationale: Regarding the request for 6 acupuncture visits (thru Align Networks 904-998-0299) between 11/12/2014 and 12/27/2014, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions... and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it is unclear what current concurrent rehabilitative exercises will be used alongside the requested acupuncture. As such, the currently requested 6 acupuncture visits (thru Align Networks 904-998-0299) between 11/12/2014 and 12/27/2014 is not medically necessary.

4 chiropractic services with cervical spine traction: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: Regarding the request for 4 chiropractic services with cervical spine traction (thru Align Networks 904-998-0299) between 11/12/2014 and 12/27/2014, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, there is documentation of completion of prior chiropractic sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In the absence of clarity regarding the above issues, the currently requested 4 chiropractic services with cervical spine traction (thru Align Networks 904-998-0299) between 11/12/2014 and 12/27/2014 is not medically necessary.

Motrin 800mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: Regarding the request for Motrin (ibuprofen), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Motrin is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Motrin is not medically necessary.

1 left trapezius trigger point injection under ultrasound guidance: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Trigger Point Injections.

Decision rationale: Regarding the request for 1 left trapezius trigger point injection under ultrasound guidance between 11/12/2014 and 12/27/2014, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. ODG states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. Additionally, there is no documentation of failed conservative treatment for 3 months. In the absence of such documentation, the requested 1 left trapezius trigger point injection under ultrasound guidance between 11/12/2014 and 12/27/2014 is not medically necessary.