

<b>Case Number:</b>	CM15-0010401		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	11/04/2010
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 36 year old male, who sustained an industrial injury on November 4, 2010. He has reported right shoulder pain, neck and head pain. The diagnoses have included lower back pain and rotator cuff syndrome. Treatment to date has included Medications, heat, transcutaneous electrical nerve stimulation unit, physical therapy, and imaging studies. Currently, the injured worker complains of continued right shoulder and neck pain. The treating physician requested an initial acupuncture evaluation, twelve additional acupuncture sessions, and in-office trigger point injections. On January 14, 2015 Utilization Review certified the request for the initial acupuncture evaluation, partially certified the request for additional acupuncture sessions to a total of four, and non-certified the request for trigger point injections noting the lack of documentation to support the medical necessity of the service. The MTUS chronic pain medical treatment guidelines and California acupuncture guidelines were cited in the decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**In-Office Trigger Point Injections with Lidocaine/Marcaine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

**Decision rationale:** According to the ACOEM guidelines, trigger point injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In this case, the claimant had already received multiple modalities of intervention for pain control, which have more scientific evidence and longer lasting benefit. The request for a trigger point injection is not medically necessary.

**12 Acupuncture Follow Up Sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** "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 takes 3-6 sessions to see improvement and duration is expected to be over 1-2 months. In this case, the claimant had undergone an unknown amount of acupuncture sessions in the past. Treatment and therapy notes are not available. An additional 12 sessions of acupuncture is not justified and therefore not medically necessary.