

<b>Case Number:</b>	CM15-0136939		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	03/17/2007
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 50 year old female who sustained an industrial injury on 3-17-07. Diagnoses are neuritis, ulnar (nerve)-cervical, disc bulge cervical, cervical radiculitis, degeneration cervical disc, status post shoulder arthroscopy, calcifying tendinitis-shoulder, and capsulitis-adhesive-frozen. In a progress report, the secondary treating physician notes the injured worker received acupuncture treatment for the neck, upper back and right shoulder from December 22, 2014 through February 26, 2015 and reports good pain relief. Neck pain is rated at 5-6 out of 10 and radiates down the right arm with numbness and tingling. She notes improved motion of the neck post acupuncture. She notes headaches. Motion of the cervical spine is limited and painful. Right shoulder pain is rated at 5-6 out of 10. She notes shoulder popping and clicking and there is 2-3+ pain over the rotator cuff. The right shoulder exam notes flexion of 140 degrees, abduction is 110 degrees, internal rotation is 70 degrees and external rotation is 60 degrees. There is pain relief post acupuncture treatment as well as improvement in motion of the cervical spine. The requested treatment is a discogram of the cervical spine and acupuncture-cervical spine, 2 times a week for 6 weeks (12 sessions).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Discogram Cervical Spine:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic)-discography.

**Decision rationale:** Discogram Cervical Spine is not medically necessary per the ODG. The MTUS does not address discography. The ODG states that discography is not recommended. Conflicting evidence exists in this area, though some recent studies condemn its use as a preoperative indication for IDET or Fusion, and indicate that discography may produce symptoms in control groups more than a year later, especially in those with emotional and chronic pain problems. The ODG states that despite discography not being recommended in the ODG if it is performed the patient should have satisfactory results from psychosocial assessment (discography in subjects with emotional & chronic pain has been associated with reports of significant prolonged back pain after injection, and thus should be avoided). The documentation does not reveal evidence of this assessment or extenuating reasons to go against guideline recommendations therefore this request is not medically necessary.

**Acupuncture and Cervical Spine 2 times 6 (12 Sessions): Upheld**

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

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

**Decision rationale:** Acupuncture and Cervical Spine 2 times 6 (12 Sessions) is not medically necessary per the MTUS Acupuncture Medical Treatment Guidelines. The MTUS Acupuncture Medical Treatment Guidelines recommend that the time to produce functional improvements is 3-6 treatments and acupuncture treatments may be extended if functional improvement is documented. The documentation indicates that that the patient has had prior acupuncture but there is no evidence of functional improvement from prior acupuncture sessions. Therefore, additional acupuncture is not medically necessary.