MAXIMUS Federal Services

| Case Number: | CM15-0020787 | | |
|---|---|---|---|
| Date Assigned: | 02/10/2015 | Date of Injury: | 08/11/2014 |
| Decision Date: | 04/03/2015 | UR Denial Date: | 12/31/2014 |
| Priority: | Standard | Application Received: | 02/04/2015 |

## 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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

## 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 34-year-old female who reported an injury on 08/11/2014. The mechanism of injury was a motor vehicle accident. Her past treatments have included physical therapy, medications, epidural steroid injections, and acupuncture. Her symptoms are noted to include cervical spine pain rated 6/10. Physical examination revealed tenderness to palpation of the bilateral trapezius muscles with spasm and trigger points, decreased range of motion, and normal motor strength in the bilateral upper extremities. She was diagnosed with cervical spine sprain/strain and bilateral upper extremity radiculitis. It was recommended that she have 6 additional acupuncture treatments to decrease pain and increase range of motion. A bilateral trapezius trigger point injection was also recommended to decrease pain and spasm.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**6 additional acupuncture treatments:** Upheld

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

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

**Decision rationale:** According to the California MTUS Guidelines, additional acupuncture treatment should be based on evidence of objective functional improvement with previous treatments. The clinical information submitted for review indicated the injured worker had completed 6 acupuncture treatments. However, clear evidence of objective functional improvement with these treatments was not provided. Therefore, additional acupuncture treatments are not supported. As such, the request is not medically necessary.

**1 bilateral trap trigger point injection under ultrasound guidance:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**Decision rationale:** According to the California MTUS Guidelines, trigger point injections are recommended only for myofascial pain syndrome when there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted more than 3 months; traditional conservative treatments have been tried and failed and radiculopathy is not present. The clinical information submitted for review indicated that the injured worker had trigger points of the bilateral trapezius muscles on physical examination. However, the documentation did not address whether there was a twitch response and referred pain with palpation of these trigger points. In addition, the documentation did indicate that the injured worker has significant radiating symptoms over the bilateral upper extremities. It is not clear that a full neurological examination was performed. Therefore, the requested trigger point injections are not supported. In addition, clarification is needed regarding the need for ultrasound guidance as guidance for these injections are usually done by anatomical landmarks. Therefore, the request is not medically necessary.