

<b>Case Number:</b>	CM15-0029345		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	10/18/2011
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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 43 year old female, who sustained an industrial injury on 10/18/11. She has reported neck and bilateral shoulder pain related to cumulative trauma. The diagnoses have included cervicalgia and cervical spondylosis. Treatment to date has included right shoulder injections, MRI and oral medications. As of the PR2 dated 1/28/15, the injured worker reports ongoing neck and bilateral shoulder pain. The treating physician requested acupuncture x 6 sessions, a multidisciplinary evaluation for functional rehabilitation, a trigger point injection under ultrasound guidance and a repeat radiofrequency ablation: left then right at C5-C6 under fluoroscopic guidance and moderate sedation. On 2/4/15 Utilization Review non-certified a request for acupuncture x 6 sessions, a multidisciplinary evaluation for functional rehabilitation, a trigger point injection under ultrasound guidance and a repeat radiofrequency ablation: left then right at C5-C6 under fluoroscopic guidance and moderate sedation. The utilization review physician cited the MTUS guidelines for acupuncture, ACOEM guidelines for shoulder complaints and medical necessity. On 2/16/15, the injured worker submitted an application for IMR for review of acupuncture x 6 sessions, a multidisciplinary evaluation for functional rehabilitation, a trigger point injection under ultrasound guidance and a repeat radiofrequency ablation: left then right at C5-C6 under fluoroscopic guidance and moderate sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 sessions of Acupuncture: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ODG Acupuncture Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

**Decision rationale:** The patient presents with neck and bilateral shoulder pain rated 4/10. The request is for 6 SESSIONS OF ACUPUNCTURE for the right shoulder. The RFA provided is dated 01/30/15. Patient's diagnosis included cervicgia and cervical spondylosis. Treatments to date has included right shoulder injections, MRI, and oral medications. Patient is back on modified duty. 9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments. (ii) Frequency: 1 to 3 times per week. (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." The medical records provided do not show any acupuncture therapy reports or a history of acupuncture therapy. In this case, given the patient's chronic pain symptoms, a trial of acupuncture is appropriate, and the requested 6 sessions are within guidelines. The request IS medically necessary.

**1 multidisciplinary evaluation for functional rehabilitation: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 49.

**Decision rationale:** The patient presents with neck and bilateral shoulder pain rated 4/10. The request is for 1 MULTIDISCIPLINARY EVALUATION FOR FUNCTIONAL REHABILITATION. The RFA provided is dated 01/30/15. Patient's diagnosis included cervicgia and cervical spondylosis. Treatment to date has included right shoulder injections, MRI, and oral medications. Patient is back on modified duty. The MTUS guidelines pg. 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made. (2) Previous methods of treating chronic pain have been unsuccessful. (3) Significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be. (5) The patient exhibits motivation to change. (6) Negative predictors of success above have been addressed. In this case, the patient has persistent chronic pain for which MTUS supports functional restoration program. The request is for an evaluation to determine the patient's candidacy. The request IS medically necessary.

**1 repeat radiofrequency ablation: left then right at C5, C6 under fluoroscopic guidance and moderate sedation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper Back (Acute & Chronic) Chapter, under Facet joint RF ablation.

**Decision rationale:** The patient presents with neck and bilateral shoulder pain rated 4/10. The request is for 1 REPEAT RADIOFREQUENCY ABLATION; LEFT THEN RIGHT AT C5, C6 UNDER FLUOROSCOPIC GUIDANCE. The RFA provided is dated 01/30/15. Patient's diagnosis included cervicalgia and cervical spondylosis. Treatment to date has included right shoulder injections, MRI, and oral medications. Patient is back on modified duty. ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter, under Facet joint RF ablation, a diagnosis of facet joint syndrome is required; and "(2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. (3) Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function." While per progress report dated 01/28/15, the patient has had RF (level not mentioned) with excellent pain relief for more than 18 months administered on 11/20/13, there is lack of documentation regarding functional improvement along with medication reduction as required by ODG guidelines. The treater does not provide information regarding prior diagnostic facet joint evaluation, although this information is not as crucial as documentation of functional improvement. The request IS NOT medically necessary.

**1 trigger point injection to the neck 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 trigger point injections Page(s): 122.

**Decision rationale:** The patient presents with neck and bilateral shoulder pain rated 4/10. The request is for 1 TRIGGER POINT INJECTION TO THE NECK UNDER ULTRASOUND GUIDANCE. The RFA provided is dated 01/30/15. Patient's diagnosis included cervicalgia and cervical spondylosis. Treatments to date has included right shoulder injections, MRI, and oral medications. Patient is back on modified duty. MTUS Guidelines, page 122, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES support trigger point injections for "Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain:" radiculopathy is not present, maximum of 3-4 injections per session, and for repeat injections, documentation of "greater than 50% pain relief is obtained for six weeks after

an injection and there is documented evidence of functional improvement." The request is for a repeat trigger point injection to the neck under ultrasound guidance. For repeat injections, documentation of "greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement." In this case, per progress report dated 01/28/15, the patient had TPI's last year with 2 most improvement, would like to repeat as L>R neck pain has returned. Within the same report, it was noted that TPI to neck with U/S was last done in May, 2014 with greater than 50% pain relief for approximately 4-6 weeks. Although there are no clear documentations of functional improvements, the patient is back on modified duty as a result of a successful pain management plan including TPI. The patient meets the MTUS criteria for repeat trigger point injections. Unfortunately, the request is with U/S guidance. Trigger point injections do not require U/S guidance as the injection is done to trigger points, an examination finding and not an anatomic abnormality. The guidelines do not discuss the use of U/S for trigger point injections. The request, therefore, IS NOT medically necessary.