

Case Number:	CM15-0216657		
Date Assigned:	11/09/2015	Date of Injury:	08/28/2014
Decision Date:	12/04/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/12/2015

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 sustained an industrial injury on 8-28-2014. A review of the medical records indicates that the injured worker is undergoing treatment for cervical degenerative disc disease and neck pain. On 5-4-2015, the injured worker reported neck pain and radiating shoulder pain with some numbness and tingling into her hands. The Primary Treating Physician's report dated 5-4-2015, noted the injured worker with non-antalgic gait tenderness posteriorly at approximately the C7 level, very restricted range of motion (ROM) in all planes secondary to pain, positive Spurling's bilaterally, and positive Hoffman on the right. Cervical x-rays were noted to show normal intervertebral disk spaces and new cervical MRI noted to show only mild degenerative changes and disk bulging at C4-C5 and C5-C6 without significant neural or central canal stenosis. The Physician noted trying "some things to help decrease some of her inflammation" with recommendation for a consultation and evaluation by a pain management physician to discuss possible trigger point injections to help with some of the inflammatory pain, and recommendation for acupuncture. Prior treatments have included chiropractic treatments, Tens, and massage. The request for authorization was noted to have requested acupuncture 12 visits 2 x week for 6 weeks for the cervical spine and consult-referral-treat. The Utilization Review (UR) dated 5-15-2015, non-certified the request for consult-referral-treat and modified the request for acupuncture 12 visits 2 x week for 6 weeks for the cervical spine to certify acupuncture up to 4x2 for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 12 visits 2 x week for 6 weeks for the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Based on the 5/4/15 progress report provided by the treating physician, this patient presents with neck pain, radiating shoulder pain, and some numbness/tingling into her hands. The treater has asked for acupuncture 12 visits 2 x week for 6 weeks for the cervical spine on 5/4/15. The request for authorization was not included in provided reports. The patient has normal intervertebral disk spaces per cervical X-rays, and a new cervical MRI that shows only mild degenerative changes and disk bulging at C4-5 and C5-6 without significant neural or central canal stenosis per 5/4/15 report. The patient is s/p 14 weeks since onset of neck pain which is intermittent, worsens with some motions of the neck (i.e. flexing forward with chest), and the patient feels it is not improving per 3/23/15 report. The patient was to return to modified work on 12/4/14 per 12/4/14 report, but most recently was told to remain off of work until the next appointment per 3/23/15 report. MTUS Guidelines, Acupuncture Medical Treatment Section, 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 treater does not discuss the request. Acupuncture treatment history is not provided to determine if patient had prior sessions. In this case, the patient continues with cervical pain, shoulder pain, and pain in the bilateral hands. Given patient's condition, a trial of Acupuncture would be indicated by MTUS guidelines. However, the request for 12 acupuncture sessions would exceed what is recommended by MTUS to produce functional improvement. Therefore, the request IS NOT medically necessary.

Consult/Referral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Consultation, Page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

Decision rationale: Based on the 5/4/15 progress report provided by the treating physician, this patient presents with neck pain, radiating shoulder pain, and some numbness/tingling into her hands. The treater has asked for consult/referral on 5/4/15. The request for authorization was not included in provided reports. The patient has normal intervertebral disk spaces per cervical X-rays, and a new cervical MRI that shows only mild degenerative changes and disk bulging at

C4-5 and C5-6 without significant neural or central canal stenosis per 5/4/15 report. The patient is s/p 14 weeks since onset of neck pain which is intermittent, worsens with some motions of the neck (i.e. flexing forward with chest), and the patient feels it is not improving per 3/23/15 report. The patient was to return to modified work on 12/4/14 per 12/4/14 report, but most recently was told to remain off of work until the next appointment per 3/23/15 report. ACOEM, Independent Medical Examinations and Consultations, Chapter 7, page 127 states that the "occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." MTUS Guidelines, Introduction Section, page 8, under Pain Outcomes and Endpoints, regarding follow-up visits states that the treater "must monitor the patient and provide appropriate treatment recommendations." MTUS Guidelines, Trigger Point Injections section, page 122 states: "Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended." Per 5/4/15 report, the treater is requesting a "consultation and evaluation by a pain management physician to discuss possible trigger point injection to help with some of the inflammatory pain. I do not see any need for urgent surgical intervention with her current MRI scan." In this case, the patient continues with cervical pain, shoulder pain, and pain in the bilateral hands. Utilization review letter dated 5/15/15 denies the request, stating that "consideration of a consultation with a multidisciplinary pain clinic is indicated for patients that have been treated with opioids if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months." In this case, the treater is requesting a consult with a pain management physician for possible trigger point injection, but MTUS recommends trigger point injections only for myofascial pain syndrome and not for radicular pain. The patient is not indicated for trigger point injection, is not currently on any opiates, and the treater does not provide any other discussion regarding the necessity for a pain management consultation. Therefore, the request IS NOT medically necessary.