

<b>Case Number:</b>	CM15-0051824		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	12/30/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: 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 51 year old male, who sustained an industrial injury on 12/30/2014. The mechanism of injury was not provided for review. The injured worker was diagnosed as having left lateral epicondylitis, left shoulder joint pain and cervical radiculopathy. Recent cervical magnetic resonance imaging showed cervical 5-7 disc protrusion and degenerative disc disease and an electromyography (EMG) showed cervical 6-7 radiculopathy and mild bilateral carpal tunnel syndrome. Treatment to date has included physical therapy and medication management. Currently, the injured worker complains of left neck pain that radiated down the arm. In a progress note dated 2/26/2015, the treating physician is requesting 6 sessions of acupuncture and a physical medicine and rehabilitation consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Medicine and Rehab consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Algorithm 8-5: Further Management of Occupational Neck and Upper Back Complaints: Page 188.

**Decision rationale:** The MTUS/ACOEM Guidelines comment on the evaluation and management of patients with occupational neck and upper back complaints. As part of these guidelines, they comment on the steps taken for patients who are slow to recover despite efforts towards conservative management. In this case, the Primary Treating Physician has documented efforts to treat the patient conservatively with NSAIDs, opioids and physical therapy. The patient did not respond. The medical records indicate that the source of the patient's chronic pain is well-defined. Specifically, the results of imaging and electrophysiologic studies are consistent with a Left C6/7 Radiculopathy. The records also indicate that the patient does not want to pursue surgical treatment at this time. Based on Algorithm 8-5, consultation at this point is appropriate. As the patient does not wish to pursue a surgical evaluation, it is appropriate to consult with a Physical Medicine and Rehabilitation specialist. Under these conditions, referral to a PM&R specialist for evaluation and management of non-surgical treatments for this patient's Left C6/7 radiculopathy is medically necessary.

**Acupuncture for the cervical spine, 6 sessions:** Overturned

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

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

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of acupuncture as a treatment modality. These MTUS guidelines refer to Section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section. This section addresses the use of acupuncture for chronic pain in the worker's compensation system in California. The Special Topics Section states the following regarding the use of acupuncture: 9792.24.1. Acupuncture Medical Treatment Guidelines (a) As used in this section, the following definitions apply: (1) "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 is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. (2) "Acupuncture with electrical stimulation" is the use of electrical current (micro- amperage or milli-amperage) on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. (3) "Chronic pain for purposes of acupuncture"

means chronic pain as defined in section 9792.20(c). (b) Application (1) These guidelines apply to acupuncture or acupuncture with electrical stimulation when referenced in the clinical topic medical treatment guidelines in the series of sections commencing with 9792.23.1 et seq., or in the chronic pain medical treatment guidelines contained in section 9792.24.2.(c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e). In this case, the records from the Primary Treating Physician and the PM&R consultant document that the patient has not tolerated the opioid, Tramadol, has failed other treatment modalities and does not wish to be a surgical candidate at this time. The diagnosis of a Left C6/7 radiculopathy as the source of pain is well-documented. Under these conditions, the patient meets the criteria for up to 6 sessions of acupuncture for the cervical spine. However, even though this request is considered medically necessary, any extension of acupuncture will require documentation of functional improvement as described above.