

<b>Case Number:</b>	CM15-0054081		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	02/19/2014
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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, Arizona

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 48-year-old female who reported injury on 02/19/2014. The documentation indicated the injured worker had consultation on 01/19/2015. Prior therapies included 18 physical therapy visits and 6 acupuncture sessions. The injured worker was noted to receive trigger point injections for the low back and neck/trapezius on 12/03/2014, and 02/04/2015. The injured worker was certified for a hand consultation on 12/25/2014. The mechanism of injury was cumulative trauma. The injured worker underwent an EMG/nerve conduction study in 08/2014. The injured worker had bilateral carpal tunnel syndrome. The documentation of 01/29/2015 revealed a request for a right carpal tunnel release with a subsequent left carpal tunnel release. The physician documentation of 03/03/2015 revealed the injured worker had 12 sessions of chiropractic care, 12 sessions of acupuncture, and 18 sessions of physical therapy. The injured worker was noted to have attempted medications, including Voltaren ER 100 mg; and cyclo/keto/lido cream. The injured worker underwent an MRI of the lumbar spine on 01/30/2015. There was a Request for Authorization submitted for review for an orthopedic consultation follow-up visit and trigger point injections dated 02/12/2015. The physician documentation of 02/11/2015 revealed the injured worker had pain. The injured worker was noted to have 2 carpal tunnel injections without relief. The injured worker had trigger points in the cervical and lumbar spine. The treatment plan included an orthopedic follow-up, as the injured worker was unresponsive to conservative care. The request was made for trigger point injections x3. The diagnoses included lumbar spine strain and cervical spine strain with radiculitis. The other diagnoses were handwritten and difficult to read.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown acupuncture:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Acupuncture Guidelines.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. 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. The time to produce functional improvement is 3 - 6 treatments and Acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The clinical documentation submitted for review indicated the injured worker had previously undergone acupuncture treatments. However, there was a lack of documentation of objective functional improvement including a clinically significant improvement in activities of daily living or reduction in work restrictions. The request as submitted failed to indicate the quantity and the body part to be treated. Given the above and the lack of documentation, the request for unknown acupuncture not identified is not medically necessary.

**Unknown physical therapy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine treatment for myalgia, myositis, and radiculitis for up to 10 visits. The clinical documentation submitted for review indicated the injured worker previously attended 18 sessions of therapy. There was a lack of documentation of objective functional improvement and an objective decrease in pain. Additionally, there was a lack of documentation of the remaining objective functional deficits. The request as submitted failed to indicate the specific body part to be treated and the quantity of sessions. Given the above, the request for unknown physical therapy not identified is not medically necessary.

**1 orthopedic consultation follow-up for the bilateral hands:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter, Office visits.

**Decision rationale:** The Official Disability Guidelines indicate the need for a clinical office visit with a health care provider is individualized based upon a review of the injured worker's concerns, signs and symptoms, clinical stability, and physician judgment. The clinical documentation submitted for review indicated the injured worker had been diagnosed with carpal tunnel syndrome. An office visit would be appropriate; however, the request as submitted failed to indicate the date for the requested consultation. The injured worker was noted to have had prior visits with the orthopedist. Given the above, the request for 1 orthopedic consultation follow-up for the bilateral hands not identified is not medically necessary.

**3 trigger point injections for the lumbar spine: 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): 121, 122.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. There are to be 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. The clinical documentation submitted for review indicated the injured worker had previously undergone trigger point injections. However, there was a lack of documentation of greater than 50% pain relief for 6 weeks, and there was a lack of documentation of objective functional improvement. Additionally, the request as submitted failed to indicate the specific muscles to be injected. Given the above, the request for 3 trigger point injections for the lumbar spine not identified is not medically necessary.

**3 trigger point injections for the cervical spine: 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): 121, 122.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. There are to be 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. The clinical documentation submitted for review indicated the injured worker had previously undergone trigger point injections. However, there was a lack of documentation of greater than 50% pain relief for 6 weeks, and there was a lack of documentation of objective functional improvement. Additionally, the request as submitted failed to indicate the specific muscles to be injected. Given the above, the request for 3 trigger point injections for the cervical spine not identified is not medically necessary.