

<b>Case Number:</b>	CM15-0081452		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	04/23/2014
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: Internal Medicine

### 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 33 year old male, who sustained an industrial injury on April 23, 2014. He reported neck and back pain. The injured worker was diagnosed as having neck and back strain. Treatment to date has included diagnostic studies, trigger pain injections, conservative care, medications and work restrictions. Currently, the injured worker complains of neck pain with associated fascial numbness radiating into the upper extremity and mid back pain. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He reported feeling a pop when he was pumping up a backpack sprayer. He was treated conservatively without complete resolution of the pain. Evaluation on January 16, 2015, revealed continued pain as noted. Acupuncture for the cervical spine and a neurology consultation were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 3 x 4 to the neck, cervical:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Work Loss Data Institute Neck and upper back (acute & chronic) 2013 <http://www.guideline.gov/content.aspx?id=47589>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses acupuncture. MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated. The time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. Per MTUS, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints (Pages 173-175) indicates that invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. There is no high-grade scientific evidence to support the effectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neuro-stimulation (TENS) units, and biofeedback. Work Loss Data Institute guideline for the neck and upper back (acute & chronic) indicates that acupuncture for upper back and neck pain is not recommended. The primary treating physician's progress report dated 3/27/15 documented a diagnosis of neck sprain. MTUS Acupuncture Medical Treatment Guidelines state that the time to produce functional improvement is 3 to 6 treatments. The request for 12 acupuncture treatments exceeds MTUS guideline recommendations and is not supported by MTUS guidelines. ACOEM and Work Loss Data Institute guideline indicate that acupuncture is not recommended for neck conditions. Therefore, the request for acupuncture is not medically necessary.

**Neuro-evaluation for facial numbness:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. The primary treating physician's progress report dated 3/27/15 documented that the patient had a neurology consultation. The patient now has subjective complaints of facial numbness on the right. Physical examination demonstrated cervical spine tenderness. No neurologic examination was documented. No neurologic deficits were noted. No physical examination of the face was documented. Without documented objective physical examination findings, the request for a neurologist evaluation is not supported. Therefore, the request for a neurologist evaluation is not medically necessary.