Case Number:	CM15-0241879		
Date Assigned:	12/21/2015	**Date of Injury:**	01/23/2015
Decision Date:	01/29/2016	**UR Denial Date:**	12/02/2015
Priority:	Standard	**Application Received:**	12/11/2015

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: Iowa, Illinois, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 24-year-old female, with a reported date of injury of 01-23-2015. The diagnoses include cervical strain and myofascial pain, bilateral cervical brachial myofascial pain syndrome and thoracic outlet syndrome, bilateral shoulder strain and myofascial pain, and chronic pain syndrome. The progress report dated 10-12-2015 indicates that the injured worker had pain in the neck and bilateral upper extremities. The pain was described as burning, achy, shooting, throbbing, tingling, numb, and cramping. The current pain level was rated 7 out of 10; the least reported pain over the period since the last assessment was rated 6 out of 10; the average pain was rated 7 out of 10; and the intensity of pain after taking medications was rated 7 out of 10. The objective findings include diffuse tenderness and decreased range of motion of the cervical spine. The injured worker had been instructed to return to modified work. The progress report dated 11-10-2015 indicates that the injured worker complained of pain in the neck and shoulders with tingling, numbness, achiness, and throbbing. The current pain level was rated 7-8 out of 10; the least reported pain over the period since the last assessment was rated 6 out of 10; her average pain was rated 6 out of 10; and the intensity of pain after taking medications was rated 6 out of 10. It was noted that the injured worker complained of worsening bilateral shoulder pain. The objective findings include diffuse tenderness and decreased range of motion of the cervical spine; and decreased and painful range of motion of the left and right shoulders. There was documentation that the injured worker had completed six (6) sessions and noticed improvement in pain and function. The injured worker had been instructed to return to modified

work. The diagnostic studies to date have included an MRI of the cervical spine on 08-05-2015 with evidence of straightening of the normal cervical lordosis; an MRI of the left brachial plexus on 10-27-2015 with unremarkable findings; electrodiagnostic studies of the upper extremities on 08-19-2015 with normal findings; and a urine drug screen on 09-03-2015 which was positive for THC (cannabinoid). Treatments and evaluation to date have included Pamelor, Mobic, Tramadol, TENS unit, ice, and heat. The treating physician requested six (6) acupuncture therapy sessions for the bilateral shoulders and cervical spine to solidify gains and decrease pain and increase function; and IF (interferential) unit with garment for a one-month trial for the bilateral shoulders and cervical spine to treat chronic intractable musculoskeletal pain. On 12-02-2015, Utilization Review (UR) non-certified the request for six (6) acupuncture therapy sessions for the bilateral shoulders and cervical spine and IF (interferential) unit with garment for a one-month trial for the bilateral shoulders and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture therapy bilateral shoulders and cervical spine x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Acupuncture.

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines clearly state that "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." The medical records do not indicate that pain medication is reduced or not tolerated. There is also no indication that this would be used in conjunction with physical rehabilitation and/or surgical intervention.ODG states, "Under study for upper back, but not recommended for neck pain. Despite substantial increases in its popularity and use, the efficacy of acupuncture for chronic mechanical neck pain still remains unproven. Acupuncture reduces neck pain and produces a statistically, but not clinically, significant effect compared with placebo. The beneficial effects of acupuncture for pain may be due to both nonspecific and specific effects. (White, 2004) Acupuncture is superior to conventional massage, dry needling of local myofascial trigger points, and sham laser acupuncture, for improving active range of motion and pain in patients with chronic neck pain, especially in patients with myofascial pain syndrome. (Blossfeldt, 2004) (Konig, 2003) (Irnich, 2002) (Irnich, 2001) There is limited or conflicting evidence from clinical trials that acupuncture is superior to sham or active controls for relief of neck pain. There is moderate evidence that acupuncture is more effective than wait-list control for neck disorders with radicular symptoms. (Trinh, 2007) A recent study concluded that adequate acupuncture treatment may reduce chronic pain in the neck and shoulders and related headache, and the effect lasted for 3 years. (He, 2004) There is little information available from trials to support the use of many physical medicine modalities for mechanical neck pain, often employed based on anecdotal or case reports alone. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration

are not demonstrated. (Kjellman, 1999) (Gross-Cochrane, 2002) (Aker, 1996) (Bigos, 1999) (Gross-Cochrane, 2004) (Birch, 2004) Another recent trial found that acupuncture is more effective than TENS placebo treatment. (Vas, 2006) This passive intervention should be an adjunct to active rehab efforts. For an overview of acupuncture and other conditions in which this modality is recommended see the Pain Chapter. ODG Acupuncture Guidelines: Initial trial of 3-4 visits over 2 weeks. With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.)." The medical records indicate a trial course of acupuncture sessions. There is no evidence provided that indicates the patient has experienced objective functional improvements as a result of acupuncture. As such, the request for Acupuncture therapy bilateral shoulders and cervical spine x 6 is not medically necessary.

IF unit meds 4 with garment x 1 month trial for bilateral shoulders and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: ACOEM guidelines state, "Insufficient evidence exists to determine the effectiveness of sympathetic therapy, a non-invasive treatment involving electrical stimulation, also known as interferential therapy. At-home local applications of heat or cold are as effective as those performed by therapists." MTUS further states regarding interferential units, "Not recommended as an isolated intervention" and details the criteria for selection: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)."If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits." While the medical documents do indicate that the pain is 7/10, the treating physician does not specifically attribute the uncontrolled pain due to "diminished effectiveness of medications" or poor control of pain with medications "due to side effects" while on Tramadol. The treating physician even notes on 11/10/15, in regards to Tramadol, "this medication decreases by >50%". Additionally, the medical documentation does not detail any concerns for substance abuse or pain from postoperative conditions that limit ability to participate in exercise programs/treatments. The medical documents do indicate prior physical therapy. However, progress notes do not detail unresponsiveness to other conservative measures such as re-positioning, heat/ice, etc. As such, the request for IF unit meds 4 with garment x 1 month trial for bilateral shoulders and cervical spine is not medically necessary at this time.