

<b>Case Number:</b>	CM14-0125077		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	10/28/2010
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 41-year-old female who reported an injury on 10/28/2010, while lifting files from her car that weighed approximately 15 pounds. She noted a popping sensation and pain in the left side of her neck and shoulder blade region. The pain radiated to the left upper extremity. Diagnoses were cervical musculoligamentous sprain/strain with left upper extremity radiculitis. Past treatments were medications, physical therapy, and acupuncture. Diagnostic studies were MRI of the cervical spine and EMG dated 03/23/2013, that was normal. MRI was not reported or submitted. Surgical history was not reported. Physical examination on 06/25/2014 revealed complaints of neck and upper back pain. It was reported the pain was increased from prolonged sitting and posturing. Examination of the cervical spine revealed tenderness to palpation over the paraspinal musculature and upper trapezius muscles with slight muscle spasm and guarding. There was increased tenderness to palpation over the left trapezius muscles. Axial compression test was negative. Examination of the thoracic spine revealed tenderness to palpation over the paraspinal musculature and left interscapular muscles. There was tenderness to palpation over the left rhomboid muscle and slight spasm. Range of motion for the thoracic spine was decreased. Examination of the lumbar spine revealed tenderness to palpation over the paraspinal musculature with muscle guarding. Straight leg raising test was negative. Medications were not reported. Treatment plan was to request acupuncture for the cervical spine, thoracic spine and lumbar spine. The injured worker was to proceed with neurological and internal medicine consultations. Treatment plan was to request for trigger point injections and to discontinue all nonsteroidal anti-inflammatory drugs, follow-up in 4 to 6 weeks to review MRI scan of the cervical spine. The rationale was not submitted. The Request for Authorization was submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Prilosec 20mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): Page 67.

**Decision rationale:** The decision for Prilosec 20mg # 60 is not medically necessary. The California Medical Treatment Utilization Schedule states that clinicians should determine if the patient is at risk for gastrointestinal events which include age > 65 years, a history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant; or using a high dose/multiple NSAIDs. Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, Ibuprofen, Naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. The efficacy of this medication was not reported. Also, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

### **Acupuncture 2X3=6 visits cervical spine and upper back: Upheld**

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

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

**Decision rationale:** The decision for acupuncture 2 times 3 equals 6 visits cervical spine and upper back is not medically necessary. 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 and 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 to 6 visits 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. Functional improvement from previous acupuncture treatments was not reported. It was not reported that the acupuncture was to be adjunct with a physical rehabilitation program. Therefore, the request is not medically necessary.

**Axid #150mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Drugs.com: <http://www.drugs.com>.

**Decision rationale:** The decision for acupuncture 2 times 3 equals 6 visits cervical spine and upper back is not medically necessary. 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 and 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 to 6 visits 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. Functional improvement from previous acupuncture treatments was not reported. It was not reported that the acupuncture was to be adjunct with a physical rehabilitation program. Therefore, the request is not medically necessary.

**Trigger Point injection to the left upper trapezius muscles and left rhomboid under ultrasound guidance (in house):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): , page 121,122.

**Decision rationale:** The decision for trigger point injection to the left upper trapezius muscles and left rhomboid under ultrasound guidance (in house) is not medically necessary. The California Medical Treatment Utilization Schedule recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. The recommended criteria for trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response, as well as referred pain. Symptoms should have persisted for more than 3 months and medical management therapy, such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. Radiculopathy should not be present (by exam, imaging, or neuro testing), and there are to be no repeat injections unless a greater than 50% pain relief is obtained for 6 weeks after the injection and there is documented evidence of functional improvement. Additionally, they indicate that the frequency should not be at an interval of less than 2 months. The examination of the injured worker did not reveal a twitch response upon palpation. There was no imaging studies reported

or neuro testing. It was not reported that physical therapy had failed. Therefore, this request is not medically necessary.