

Case Number:	CM14-0161424		
Date Assigned:	10/06/2014	Date of Injury:	08/03/1992
Decision Date:	11/03/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/01/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in California. 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:

This is a female patient with a date of injury of August 3, 1992-July 8, 1994. A utilization review determination dated September 23, 2014 recommends noncertification of trigger point injections, and acupuncture x 8 sessions with modification to 6 sessions. A progress note dated August 27, 2014 identifies subjective complaints of increased left upper back and trapezius muscle pain, headaches four times per week, significantly painful and achy cervical spine, neck pain rated at 7-9/10, left shoulder pain rated at 7-9/10, burning and aching left shoulder pain, ongoing bilateral wrist pain, and bilateral wrist pain rated at a 8/10. The patient is currently taking Fiorcet, Zolpidem, and hydrocodone which help. The patient is not attending therapy and is not working. Physical examination identifies some mild torticollis bilaterally, positive head compression sign, Spurling's maneuver is positive bilaterally, tenderness and muscle spasms at rest and on range of motion bilaterally, pain on scapular retraction, bilateral levator scapula has swelling/inflammation, diminished biceps reflex, weakness in the deltoid musculature, and diminished sensation on the lateral aspect of the deltoid. The diagnoses include bilateral shoulder impingement syndrome, bilateral thoracic outlet syndrome, cervical discopathy, cervicogenic migraine headaches, fibromyalgia, and bilateral upper extremity neuropathy. The treatment plan recommends a trigger point injection to the left trapezius muscle consisting of 1 cc of Celestone, 1 cc of Marcaine, and 1 cc of lidocaine. The treatment plan also recommends acupuncture therapy consisting of 8 visits for the cervical spine and upper back at two times per week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Trigger Point Injections

Decision rationale: Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. ODG states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. Additionally, there is no documentation of failed conservative treatment for 3 months. In the absence of such documentation, the requested trigger point injections are not medically necessary.

Acupuncture 8 Sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Acupuncture

Decision rationale: Regarding the request for acupuncture x 8 sessions, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "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." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it is unclear what current concurrent rehabilitative exercises will be used alongside the requested acupuncture. Additionally, the current request for 8 visits exceeds the 6 visit trial recommended by guidelines. Unfortunately, there is no provision to modify the current request. As such, the currently requested eight (8) acupuncture sessions are not medically necessary.