

<b>Case Number:</b>	CM14-0163361		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	06/15/2011
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 Pain Management, has a subspecialty in Interventional Spine 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:

The patient is a 50-year-old female with a date of injury of 06/15/2011. The listed diagnoses per [REDACTED] are: 1. Status post C5-C6 anterior discectomy and cervical fusion in 2012. 2. Adjustment disorder with depression. 3. Sleep disorder. 4. Irritable bowel symptoms. According to progress report 07/29/2014, the patient continues with increasing neck pain and headaches. Examination revealed moderate discomfort and restricted movements. There is severe midline cervical spine tenderness and positive axial head compression and hypoesthesia in the left C7 distribution with upper extremity weakness. Utilization review references a progress report from 08/26/2014 which was not provided for my review. This report noted that the patient has persistent neck pain. Examination was not noted. Treater made recommendation for Topamax, trigger point injection to the cervical spine, and acupuncture treatments. Utilization review denied the request on 09/05/2014. Treatment reports from 03/05/2014 through 07/29/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 x 4 to the cervical spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines acupuncture for pain Page(s): 98.

**Decision rationale:** This patient presents with chronic neck, shoulder, and myofascial pain syndrome. The treating physician is requesting acupuncture 2 times a week for 4 weeks for the cervical spine. Utilization review denied the request stating that the patient has had prior acupuncture treatment in 2012 with no evidence of functional improvement. For acupuncture, the MTUS Guidelines page 98 recommends acupuncture for pain, suffering, and the restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement, 1 to 3 times per week with optimal duration of 1 to 2 months. The medical file provided for review does not include acupuncture treatment history. Utilization review indicates that the patient participate in acupuncture in 2012. In this case, there is no functional improvement with prior acupuncture treatments to warrant additional sessions. The MTUS requires functional improvement as defined by Labor Code 9792.20(e), as significant improvement in ADLs, or change in work status and reduced dependence on medical treatment. In this case, none of these are documented and the patient is currently not working. The request is not medically necessary and appropriate.

**Trigger Point Injections to the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections Page(s): 122.

**Decision rationale:** This patient presents with chronic neck pain, shoulder pain, and myofascial pain syndrome. The treating physician is requesting trigger point injections to the cervical spine. The medical file provided for review does not provide a rationale for this request. The MTUS Guidelines page 122 under its chronic pain section has the following regarding trigger point injections, "Recommended only for myofascial pain syndrome with limited lasting value, not recommended for radicular pain." MTUS further states that all criteria need to be met including documentation of trigger points (circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain) symptoms persist for more than 3 months, medical management therapy, radiculopathy is not present, etc. In this case, the treating physician does not note trigger points on examination. There was no evidence of "twitch response" or taut bands as required by MTUS. The request is not medically necessary and appropriate.