

<b>Case Number:</b>	CM14-0213267		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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: Preventive Medicine, Occupational 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:

According to the records made available for review, this is a 33-year-old female with an 8/1/13 date of injury. At the time (12/10/14) of the Decision for trigger points impedance imaging (TPII) followed by localized intense neurostimulation therapy (2x6), 12 sessions of acupuncture, and Capsaicin patch, there is documentation of subjective (discomfort in the cervical spine, persistent left shoulder pain associated with weakness of the entire left upper extremity, left wrist pain that travels into the left shoulder, tingling and numbness in the fingers and thumb, greatest in the thumb, and persistent pain in the fingers of the left hand) and objective (grip strength is decreased on the left wrist, tenderness to palpation of the lateral and medial wrist, positive Phalen's and reverse Phalen's and Finkelstein's tests) findings, current diagnoses (brachial neuritis or radiculitis NOS, other tenosynovitis of hand and wrist, and neck sprain and strain), and treatment to date (acupuncture and medication). Regarding 12 sessions of acupuncture, there is no documentation of the number of previous treatments to determine if guidelines has already been exceeded or will be exceeded with the additional request; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with acupuncture completed to date. Regarding Capsaicin patch, there is no documentation that patient has not responded or is intolerant to other treatments and the type of formulation being requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger points impedance imaging (TPII) followed by localized intense neurostimulation therapy (2x6): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation. Page(s): 121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Trigger point impedance imaging, Hyperstimulation analgesia.

**Decision rationale:** Regarding Trigger Point Impedance Imaging, MTUS does not address this issue. ODG states that trigger point impedance imaging and hyperstimulation analgesia is not recommended. Regarding Localized Intense Neurostimulation Therapy, MTUS Chronic Pain Medical Treatment Guidelines states that neuromuscular electrical stimulation (NMES) is not recommended. In addition, MTUS Chronic Pain Medical Treatment Guidelines states that NMES is primarily used as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Therefore, based on guidelines and a review of the evidence, the request for trigger points impedance imaging (TPII) followed by localized intense neurostimulation therapy (2x6) is not medically necessary.

**12 sessions of acupuncture: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Acupuncture Medical Treatment Guidelines identifies that acupuncture may be 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, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In addition, MTUS Acupuncture Medical Treatment Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of brachial neuritis or radiculitis NOS, other tenosynovitis of hand and wrist, and neck sprain and strain. In addition, there is documentation of treatment with

previous acupuncture. However, there is no documentation of the number of previous treatments to determine if guidelines has already been exceeded or will be exceeded with the additional request. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with acupuncture completed to date. Therefore, based on guidelines and a review of the evidence, the request for acupuncture x 12 is not medically necessary.

**Capsaicin patch:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin.Topical. Page(s): 28-29.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that patient has not responded or is intolerant to other treatments, as criteria necessary to support the medical necessity of topical capsaicin in a 0.025% formulation. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Within the medical information available for review, there is documentation of diagnoses of brachial neuritis or radiculitis NOS, other tenosynovitis of hand and wrist, and neck sprain and strain. However, there is no documentation that patient has not responded or is intolerant to other treatments and the type of formulation being requested. Therefore, based on guidelines and a review of the evidence, the request for Capsaicin patch is not medically necessary.