

<b>Case Number:</b>	CM15-0065934		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	05/24/2012
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, 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:

The injured worker was a 51 year old female, who sustained an industrial injury, May 24, 2012. The injured worker received the following treatments in the past Omeprazole, Oxybutynin, Flexeril, Ibuprofen, Hydrocodone, Diazepam, thoracic spine MRI, cervical spine steroid injection, thoracic spine x-rays, thoracic costovertebral joint injection, right knee arthroplasty, acupuncture, bilateral block of C4-C5 and C6, AP and lateral chest x-ray, laboratory studies, right shoulder MRI, lumbar spine x-ray, lumbar spine MRI, cervical spine x-rays, cervical spine MRI and arthroscopic surgery of the right shoulder. The injured worker was diagnosed with right knee replacement, right shoulder rotator cuff repair, right shoulder rotator cuff manipulation, right shoulder rotator cuff repair, chronic back, and shoulder and neck pain. According to progress note of August 8, 2014, the injured workers chief complaint was chronic back and neck pain. The injured worker received acupuncture treatments in the past and the recommendation was for cortisone injections to the cervical spine. The physical examination noted tenderness to touch over the entire axial, paraspinal as well as bilateral upper trapezius to the shoulder. There were no trigger points noted. There was full range of motion to the cervical spine. The treatment plan included acupuncture and trigger point injection to the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture (8) sessions:** Upheld

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

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

**Decision rationale:** MTUS 2009 states that additional acupuncture is an option if there is objective functional improvement after an initial trial of acupuncture. The medical records show prior sessions of electroacupuncture. There is no evidence of functional improvement after this trial. The medical records do not explain why additional acupuncture should be provided when past acupuncture has not been successful. This request for an additional 8 sessions of acupuncture is denied. Therefore, the requested treatment is not medically necessary.

**Trigger point injection for the cervical spine:** Upheld

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

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

**Decision rationale:** MTUS 2009 states that trigger point injections are an option to treat myofascial pain. It only recommends local anesthetic and not the addition of corticosteroid. Trigger points generate referred pain after palpation. The physical examination describes regional pain or tender points with no referred pain upon palpation. The request for the trigger point injection does not specify the injectate. Corticosteroids and botulinum toxin are not supported for use in trigger point injections. The clinical examination does not describe trigger points and the request does not specify the injectate. Therefore, this request for trigger point injection to the neck does not adhere to MTUS 2009 and is denied. Therefore, the requested treatment is not medically necessary.