

Case Number:	CM17-0010885		
Date Assigned:	01/20/2017	Date of Injury:	10/18/2016
Decision Date:	02/14/2017	UR Denial Date:	01/10/2017
Priority:	Standard	Application Received:	01/17/2017

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: Iowa, Montana, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 is a 50-year-old female, with a reported date of injury of 10-18-2016. The diagnoses include facial pain, adjustment disorder, neck muscle strain, traumatic brain injury, and face contusion. The progress report dated 11-07-2016 indicates that the injured workers' symptoms were gradually improving from the previous visit. The worker complained of numbness in the neck and face. The facial pain was described as burning; and the neck pain was described as tightness and spasm. The physical examination showed normal range of motion of the bilateral shoulders; tenderness of the cervical spine; normal range of motion of the cervical spine; and tenderness to palpation over the face. The injured worker has been instructed to return to modified work on 11-07-2016. The progress report dated 01-04-2017 indicates that the injured worker's objective findings include tenderness to palpation of the neck; negative Spurling's; and anxiety. The subjective findings were not included. The injured worker has been instructed to return to modified work on 01-04-2017. The medical records included 7 physical therapy reports dated 11-08-2016 to 11-30-2016. The physical therapy report dated 11-30-2016 indicates that the injured worker continued to have severe pain in the neck and face. The current pain level was rated 7 out of 10. It was noted that the worker's pain had decreased. The objective findings include tenderness of the erector spinae, supraspinatus, and upper trapezius; and cervical flexion at 25 degrees, flexion at 28 degrees, left rotation at 30 degrees, right rotation at 45 degrees, left side bending at 15 degrees, and right side bending at 20 degrees. The treating provider recommended continuation with the current program. The diagnostic studies to date have not

been included in the medical records provided. Treatments and evaluation to date have included Pamelor, Robaxin, and physical therapy. The treating physician requested initial acupuncture, 1-2 times per week for 4 weeks for the neck; and additional physical therapy, 1-2 times per week for 3 weeks for the neck. On 01-10-2017, Utilization Review (UR) non-certified the request for initial acupuncture, 1-2 times per week for 4 weeks for the neck; and additional physical therapy, 1-2 times per week for 3 weeks for the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial acupuncture, 1 to 2 times per week for 4 weeks, for the neck: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Acupuncture.

Decision rationale: MTUS "Acupuncture Medical Treatment Guidelines" clearly state that "acupuncture is 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." The medical records do not indicate that pain medication is reduced or not tolerated. ODG states "Under study for upper back, but not recommended for neck pain. Despite substantial increases in its popularity and use, the efficacy of acupuncture for chronic mechanical neck pain still remains unproven. Acupuncture reduces neck pain and produces a statistically, but not clinically, significant effect compared with placebo. The beneficial effects of acupuncture for pain may be due to both nonspecific and specific effects. (White, 2004) Acupuncture is superior to conventional massage, dry needling of local myofascial trigger points, and sham laser acupuncture, for improving active range of motion and pain in patients with chronic neck pain, especially in patients with myofascial pain syndrome. (Blossfeldt, 2004) (Konig, 2003) (Irnich, 2002) (Irnich, 2001) There is limited or conflicting evidence from clinical trials that acupuncture is superior to sham or active controls for relief of neck pain. There is moderate evidence that acupuncture is more effective than wait-list control for neck disorders with radicular symptoms. (Trinh, 2007) A recent study concluded that adequate acupuncture treatment may reduce chronic pain in the neck and shoulders and related headache, and the effect lasted for 3 years. (He, 2004) There is little information available from trials to support the use of many physical medicine modalities for mechanical neck pain, often employed based on anecdotal or case reports alone. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. (Kjellman, 1999) (Gross-Cochrane, 2002) (Aker, 1996) (Bigos, 1999) (Gross-Cochrane, 2004) (Birch, 2004) Another recent trial found that acupuncture is more effective than TENS placebo treatment. (Vas, 2006) This passive intervention should be an adjunct to active rehab efforts. For an overview of acupuncture and other conditions in which this modality is recommended see the Pain Chapter. ODG Acupuncture Guidelines: Initial trial of 3-4 visits over 2 weeks With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.)" Medical

notes does not document any prior acupuncture sessions. The treating physician does detail circumstances that would meet guidelines. As such, the request for Initial acupuncture, 1 to 2 times per week for 4 weeks, for the neck is medically necessary.

Additional physical therapy, 1 to 2 times per week for 3 weeks, for the neck: Overturned

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, and Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment. Decision based on Non-MTUS Citation Neck and Upper Back, Physical Therapy, ODG Preface – Physical Therapy.

Decision rationale: MTUS refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG writes regarding neck and upper back physical therapy, "Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion." ODG further quantifies its cervical recommendations with: Cervicalgia (neck pain); Cervical spondylosis = 9 visits over 8 weeks. Sprains and strains of neck = 10 visits over 8 weeks. Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. Medical records document 8 prior therapy sessions. The treating physician notes therapy is "helping with pain." On 11-7-16 the physical exam documents normal range of motion of the cervical spine. The treating physician has provided medical documentation to explain why a home exercise program is not sufficient and why additional therapy is needed. As such, the request for Additional physical therapy, 1 to 2 times per week for 3 weeks, for the neck is medically necessary.