

Case Number:	CM13-0057265		
Date Assigned:	12/30/2013	Date of Injury:	05/28/2013
Decision Date:	06/17/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/25/2013

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 Occupational 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:

The patient is a 41-year-old female who was injured on 05/28/2013 while doing repetitive movements. She had right-sided neck pain radiating into the right paracervical musculature and trapezius. The Clinical Notes dated 10/18/2013 indicated that the prior treatment history has included physical therapy and non-steroidal anti-inflammatory drug (NSAID) management, which had not decreased her pain. The medications included Singulair 10 mg four times a day, Advair 50/500 mg twice a day, albuterol as needed, and Lyrica 150 mg twice a day. The diagnostic studies reviewed include an MRI of the cervical spine performed on 07/16/2013, which revealed mild congenital central canal stenosis at the level of C5. The nerve conduction and electromyography (EMG) report performed 11/15/2013 revealed no evidence of a cervical radiculopathy or plexopathy on the right side. The clinical note dated 10/18/2013, documented objective findings on exam, which included alert and oriented times three (3), and in no acute distress. Neurology: No resting tremor. Musculoskeletal: Positive Hoffman's sign on the right side. Hand intrinsic weakness was noted on the right side at 4/5; and a positive Spurling's test on the right side with referred pain down the right arm. Tender points were noted in the trapezius, levator scapulae muscles, rhomboids and sternocleidomastoid muscles on the right and left sides. Muscle stretch reflexes: Biceps, triceps, and brachioradialis are one (1). The patient was diagnosed with right C6 vs. C7 radiculopathy, myofascial pain syndrome, and neck pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection of the scapular and neck one (1) time a week for five (5) weeks: Upheld

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

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

Decision rationale: The Chronic Pain Guidelines indicate that the criteria for the use of trigger point injections requires documentation of circumscribed trigger points, with evidence upon palpation of a twitch response, as well as referred pain. The symptoms should be of greater than a three (3) month duration. There should be no radiculopathy. No repeat injections are recommended unless a greater than 50% pain relief is obtained for six (6) weeks after an injection, and there is documented evidence of functional improvement. There should be no more than three to four (3-4) injections per session. Each of these guideline criteria has not been met. Therefore, the request for a trigger point injection is not medically necessary.

Electromyography (EMG) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Electromyography, Nerve Conduction Studies.

Decision rationale: The MTUS/ACOEM and Official Disability Guidelines recommend electromyography/nerve conduction study (EMG/NCS) in certain cases for the evaluation of cervical radiculopathy. At the time of request, the patient had complaints of radicular pain, numbness, and weakness in the right upper extremity with right hand weakness and positive Spurling's test on examination. There were no left upper complaints or findings on examination consistent with left upper extremity radiculopathy or nerve entrapment (though the patient has had left upper extremity radicular complaints in the past). Therefore, the bilateral upper extremity EMG/NCS is not medically necessary.

Nerve Conduction Study (NCS) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Electromyography, Nerve Conduction Studies.

Decision rationale: The MTUS/ACOEM and Official Disability Guidelines recommend electromyography/nerve conduction study (EMG/NCS) in certain cases for the evaluation of cervical radiculopathy. At the time of request, the patient had complaints of radicular pain, numbness, and weakness in the right upper extremity with right hand weakness and positive Spurling's test on examination. There were no left upper complaints or findings on examination consistent with left upper extremity radiculopathy or nerve entrapment (though the patient has had left upper extremity radicular complaints in the past). Therefore, the bilateral upper extremity EMG/NCS is not medically necessary.