

<b>Case Number:</b>	CM14-0140767		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	01/18/2010
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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 is licensed to practice in Texas and Ohio. 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 injured worker is a 50-year-old female who reported an injury due to a slip while descending a stairway, but she did not release her hand from the railing, on 01/18/2010. On 08/18/2014, her diagnoses included cervicalgia, cervical radiculopathy, lumbago, lumbar disc protrusion, lumbar facet dysfunction, sacroiliac joint dysfunction, gastritis, bilateral carpal tunnel syndrome, shoulder pain, tendonitis, and insomnia. Her complaints included increasing pain in her left hand and an inability to use her right hand. Lower back pain radiated into her right buttock and leg. She stated that she got "nerve shooting type pain" down the leg which was exacerbated with standing and walking. She stated that chiropractic therapy did help for her neck and lower back. The following medications had been requested, but not yet received by this worker: Celebrex, Ultram, omeprazole, capsaicin cream, gabapentin, and Elavil, with no dosages noted. The treatment plan included a request for prolotherapy injections to the right shoulder, lower back, and sacroiliac joint. There was no rationale or Request for Authorization included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV right wrist only:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** The ACOEM Guidelines suggest that routine use of NCV or EMG in diagnostic evaluation of nerve entrapment or screening in patients without corresponding symptoms is not recommended. Nerve conduction velocity studies are not recommended for all acute, subacute, and chronic hand, wrist, and forearm disorders. This request is not supported by the guidelines. Therefore, this request for EMG/NCV right wrist only is not medically necessary.

**Prolotherapy injection to right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Prolotherapy Page(s): 99-100.

**Decision rationale:** The MTUS Chronic Pain Guidelines do not recommend prolotherapy. It has been investigated as a treatment of various etiologies of pain, including arthritis, degenerative disc disease, fibromyalgia, tendonitis, and plantar fasciitis. In all studies, the effects of prolotherapy did not significantly exceed placebo effects. The guidelines do not support this request. Therefore, the request for prolotherapy injection to right shoulder is not medically necessary.

**Prolotherapy injection to the low back and sacroiliac joint:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Prolotherapy Page(s): 99-100.

**Decision rationale:** The MTUS Chronic Pain Guidelines do not recommend prolotherapy. It has been investigated as a treatment of various etiologies of pain, including arthritis, degenerative disc disease, fibromyalgia, tendonitis, and plantar fasciitis. In all studies, the effects of prolotherapy did not significantly exceed placebo effects. The guidelines do not support this request. Therefore, the request for prolotherapy injection to the low back and sacroiliac joint is not medically necessary.