

<b>Case Number:</b>	CM13-0062133		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/26/2002
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 physician 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 53-year-old male who reported an injury on 02/26/2002. The mechanism of injury was not provided in the medical records. The patient's course of treatment is unclear; however, he has an extensive surgical history to include a 2007 unspecified neck surgery, a 2004 unspecified right shoulder surgery, a 2003 right carpal and cubital tunnel releases, and a 1989 right hip/femur surgery. The patient has evidence of scoliosis, spinal stenosis, degenerative disc disease of the spine and cervical radiculopathy. He has also been diagnosed with recurrent cubital tunnel syndrome of the left elbow and carpal tunnel syndrome of the left hand. A recent nerve study performed in 2013 revealed that the patient had a double crush phenomenon and C8 radiculopathy. The clinical records submitted for review indicated that the patient is released to full duty; however, it is unclear if he is currently working. According to the most recent clinical notes, the patient's most significant current complaint is elbow and wrist discomfort, notably numbness and tingling possibly due to cubital and carpal tunnel syndromes with an underlying pathology of C8 radiculopathy. Conservative treatment was attempted, including multiple medications and splinting, with no relief. The patient wished to proceed with another decompression of the ulnar and medial nerves despite the physician's emphasis of the underlying C8 radiculopathy. The clinical information submitted for review indicated that the patient was to receive carpal and cubital tunnel release; however, these procedures were denied. The clinical note from the pain group dated 12/19/2013 referred to prior trigger point injections as being successful; however, there was no indication as to when these injections were administered. Furthermore, this note stated that the patient has had physical therapy for 18 visits after surgery; however, it is unknown which surgery is being referred to, as the most recent request was denied. The clinical records included a personal letter from the patient stating his desire to get a second opinion from a neurologist, as he feels his current neurologist is not sincere

about finding resolution to his symptoms. There was no other clinical information submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cervical trigger point injections:** Upheld

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

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

**Decision rationale:** The MTUS/ACOEM Guidelines recommend trigger point injections to treat myofascial pain syndrome, but not radicular pain. The most recent clinical note dated 12/19/2013 that referred to the employee's prior success with trigger point injections, did not provide evidence of the presence of trigger points with associated myofascial pain during the physical examination performed. It stated that the employee continued to complain of neck pain and occasional arm pain; however, it did not qualify this pain as muscular or radicular in nature. Prior subjective arm complaints from the employee have reported numbness and tingling. As the clinical notes submitted for review did not provide any evidence of trigger points on physical examination, nor does the employee have a diagnosis of myofascial pain syndrome, this treatment is not indicated at this time. As such, the request for cervical trigger point injections is non-certified.

**PT (physical therapy):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Suffering, and the Restoration of Function Chapter (ACOEM Practice Guidelines, 2nd Edition (2004)), pg 114

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Physical Medicine Page(s): 98-99.

**Decision rationale:** The MTUS/ACOEM Guidelines recommend up to 10 visits for an unspecified myalgia, myositis, neuralgia or neuritis. The clinical information submitted for review, most notably the clinical note dated 12/19/2013, stated that the employee had received 6 weeks of physical therapy for a total of 18 visits. However, there were no therapy notes included for review and there was no timeframe accompanying this statement. In addition, there were no objective measurements provided, revealing the need for therapy. As the clinical information submitted did not provide any evidence for the need of therapeutic intervention, the treatment is not indicated at this time. Furthermore, there was no desired length of duration for these physical therapy sessions. As such, the request for PT is non-certified.

**TENS unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Transcutaneous electrotherapy Page(s): 114-116.

**Decision rationale:** The MTUS/ACOEM Guidelines recommend TENS therapy for certain conditions. These conditions include neuropathic pain, phantom limb or CRPS-II pain, spasticity, or multiple sclerosis. If a patient has one of these conditions, TENS therapy may be beneficial. When using TENS therapy, the amount of time used and the frequency of use, as well as accompanying decreases in pain, and medication usage, and increase in function, should be documented. None of the clinical information submitted for review provided any evidence that this therapy was beneficial, as the employee continued to complain of persistent pain and continues to return for treatment. Without objective evidence supporting the use of this therapy, continuation is not indicated at this time. As such, the request for a TENS unit is non-certified.

**Muscle stimulator:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section neuromuscular muscle electrical stimulator (NMES)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Transcutaneous Electrotherapy Page(s): 121.

**Decision rationale:** The MTUS/ACOEM Guidelines do not recommend neuromuscular electrical stimulation. Although this intervention may be used to rehabilitate atrophied upper extremities following stroke, it is used as part of a comprehensive physical therapy program. As the patient's clinical records did not indicate any atrophied upper extremity muscles, there is no indication for the use of this treatment. As such, the request for muscle stimulator is non-certified.

**Referral to neurosurgeon:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that referrals may be appropriate if the practitioner is uncomfortable with a line of inquiry, with treating a particular case of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. Based on the clinical information submitted for review, the employee and his current neurologist do not share the same expectations, and therefore, the employee is requesting a second opinion. As the employee and his physician have failed to come to an agreement regarding a treatment

plan, it is appropriate to seek a second opinion. As such, the request for referral to neurosurgeon is certified.

**Referral to neurologist for bilateral upper extremity (BUE) EMG/NCV: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The MTUS/ACOEM Guidelines recommend electromyography and nerve conduction studies when the neurologic examination is inconclusive. As the employee has had prior multiple EMG/NCV studies confirming nerve entrapment and radiculopathy, it is unclear why a repeat study is being requested. As the clinical notes submitted for review did not provide any evidence of a significant change in symptoms or objective findings, a repeat study is not indicated at this time. As such, the request for referral to neurologist for bilateral upper extremity EMG/NCV is non-certified.