

<b>Case Number:</b>	CM14-0005069		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	03/26/2009
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 & Rehabilitation 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 injured worker is a 45 year old female with a reported date of injury on March 26, 2009. The mechanism of injury was caused by repetitive movement. The injured worker complained of neck, low back and bilateral shoulder pain rated at 7/10. According to the clinical note dated May 28, 2013 the injured worker had a history of left shoulder rotator cuff repair November 8, 2012, right shoulder labral debridement May 31, 2012, right shoulder cortisone injection January 2013 with 50% improvement in pain for approximately 4 months. The injured worker has completed 20 physical therapy visits and left shoulder injection in 2013, resulting in 7 days of 100% relief. According to the clinical note dated December 20, 2013 the injured worker's motor strength exam revealed wrist flexors and extensors were 4/5 and elbow Flexors and extensors were 5/5 bilaterally. The injured worker's sensory examination revealed light touch sensation was decreased in the lower extremity, as well as decreased sensation in the upper extremities. The injured worker's diagnoses included bilateral carpal tunnel syndrome, ulnar neuritis, medial epicondylitis, internal derangement of the shoulder, and mood disorder. The injured worker's medication regimen included methadone, Neurontin, Paxil, Votaren, lunesta, gabapentin and Lisinopril. The request for authorization for electromyography for the bilateral upper extremities, nerve conduction velocity studies for the bilateral upper extremities, trigger point injections (left and right trapezius) and bilateral sub acromial shoulder injection and referral to pain management psychologist for cognitive behavioral therapy and pain coping skills, nerve conduction velocity studies for bilateral lower extremities and electromyography for the bilateral lower extremities was submitted on January 14, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ELECTROMYOGRAPHY FOR THE BILATERAL UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE 2ND EDITION (2004), ,

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

**Decision rationale:** The ACOEM guidelines recommend that electromyography is not needed unless a three or four week period of conservative care and observation fails to improve symptoms. The criteria for ordering imaging studies included the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction or clarification of the anatomy prior to an invasive procedure. According to the clinical information provided for review the injured worker has completed physical therapy and medication with improvement. The information provided lacks documentation of new or emerging symptoms. The injured worker has a history of rotator cuff repair and carpal tunnel syndrome, status post decompression. The rationale for the requested EMG is unclear. It did not appear the injured worker had neurologic deficits which would warrant the injured workers need for electrodiagnostic testing. Therefore, the request for electromyography for the bilateral upper extremities is not medically necessary.

**NERVE CONDUCTION VELOCITY STUDIES FOR THE BILATERAL UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE 2ND EDITION (2004), ,

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

**Decision rationale:** The ACOEM guidelines recommend that nerve conduction velocity studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. The criteria for ordering imaging studies included the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction or clarification of the anatomy prior to an invasive procedure. According to the clinical information provided for review the injured worker has completed physical therapy and medication with improvement. The information provided lacks documentation of new or emerging symptoms. The injured worker has a history of rotator cuff repair and carpal tunnel syndrome and status post decompression. The rationale for the requested NCV is unclear. It did not appear the injured worker had neurologic deficits which would warrant the injured workers need for electrodiagnostic testing. Therefore, the request for nerve conduction velocity studies for the bilateral upper extremities is not medically necessary.

**TRIGGER POINT INJECTIONS (LEFT AND RIGHT TRAPEZIUS) AND BILATERAL SUBACROMIAL SHOULDER INJECTION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

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

**Decision rationale:** According to the documentation provided the injured worker has a history of injections to the shoulder. According to the clinical note dated October 4, 2013 the injured worker had minimal benefit from a shoulder steroid injection. Within the clinical information it is unclear if the injured worker had significant findings upon physical exam which would indicate the injured workers need for trigger point injections. As there is a lack of documentation regarding new symptoms and significant findings, the rationale for the trigger point injection is unclear. Therefore, the request for trigger point injections (left and right trapezius) and bilateral subacromial shoulder injection is not medically necessary.

**REFERRAL TO PAIN MANAGEMENT PSYCHOLOGIST FOR COGNITIVE BEHAVIORAL THERAPY AND PAIN COPING SKILLS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE 2ND EDITION (2004), ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral therapy Page(s): 23.

**Decision rationale:** The California MTUS Guidelines recommend behavioral interventions. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy which could lead to psychological or physical dependence. According to the guidelines psychotherapy referrals should be considered after 4 weeks of lack of progress from physical medicine alone. The guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks with evidence of objective functional improvement, with a total of up to 6-10 visits over 5-6 weeks. According to the clinical information provided for review the injured worker has attended physical therapy with "good" benefit and an unknown amount of psychotherapy. There is a lack of documentation provided regarding objective functional improvement, as it relates to previous psychotherapy. The number of visits requested is unclear, as well as the number of visits the injured worker has previously attended. Therefore, the request for referral to pain management psychologist for cognitive behavioral therapy and pain coping skills is not medically necessary.

**NERVE CONDUCTION VELOCITY STUDIES FOR BILATERAL LOWER EXTREMITIES: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE 2ND EDITION (2004), ,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Nerve Conduction Studies (NCS).

**Decision rationale:** The Official Disability Guidelines did not recommend nerve conduction studies as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The information provided for review lacks documentation of new or emerging symptoms. The clinical note dated October 4, 2013 the injured worker stated she has had the same pain since the reported injury in 2009. There is a lack of documentation regarding the lower extremity complaints. The rationale for the NCV is unclear. It did not appear the injured worker had neurologic deficits which would warrant the injured workers need for electrodiagnostic testing. The request is not medically necessary.

**ELECTROMYOGRAPHY FOR THE BILATERAL LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE 2ND EDITION (2004), ,

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The ACOEM guidelines recommend electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms. In addition, imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. According to the clinical information provided for review the injured worker has completed physical therapy and medication with improvement. The information provided lacks documentation of new or emerging symptoms. According to the clinical note dated October 4, 2013, the injured worker stated she has had the same pain since the reported injury in 2009. The rationale for the EMG is unclear. It did not appear the injured worker had neurologic deficits which would warrant the injured workers need for electrodiagnostic testing. Therefore, the request for an electromyography for the bilateral lower extremities is not medically necessary.