

Case Number:	CM14-0179222		
Date Assigned:	11/03/2014	Date of Injury:	02/26/2003
Decision Date:	12/10/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/28/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain, elbow pain, neck pain, and upper extremity pain reportedly associated with an industrial injury of February 26, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; at least 10 prior sessions of chiropractic manipulative therapy, per the claims administrator; approximately 30 sessions of acupuncture, per the claims administrator's utilization report of October 9, 2014; topical agents; a TENS unit; and shoulder corticosteroid injection therapy. In a Utilization Review Report dated October 9, 2014, the claims administrator denied trigger point injections, acupuncture, and electrodiagnostic testing of bilateral upper extremities. The claims administrator alluded to the applicant's having had earlier electrodiagnostic testing of the bilateral upper extremities of 2007, which were reported normal. The applicant had also had both left and right shoulder MRIs in 2012 and 2013, which did not demonstrate evidence of a discrete full-thickness rotator cuff tear. The claims administrator suggested that the applicant was off of work. The applicant's attorney subsequently appealed. In a March 20, 2014 progress note, the applicant reported ongoing complaints of neck, bilateral shoulder, and upper limb pain. Acupuncture was pending. 5/10 pain was noted. The applicant was asked to continue acupuncture and Voltaren gel. In a June 5, 2014 progress note, the applicant reported slow improvement. The applicant was performing yoga, it was suggested. The applicant represented with chronic shoulder pain. It was suggested that the applicant would return to full-duty work on May 27, 2014. On August 20, 2014, the applicant reported ongoing complaints of neck and bilateral upper extremity pain. The attending provider complained that acupuncture had been denied despite a favorable Medical-legal Evaluation, which reportedly set aside provisions for further acupuncture. 8/10 pain was noted. Limited cervical range of motion was noted. Diminished grip strength was noted about the right hand. Some hyposensorium was

noted about the left palm. The attending provider posited that the applicant had neck and bilateral upper limb pain which was, overall, worsening. Eight additional sessions of acupuncture were endorsed, along with electrodiagnostic testing of the bilateral upper extremities to assess for carpal tunnel syndrome versus cervical radiculopathy. On October 14, 2014, the applicant was apparently placed off of work, on total temporary disability. The applicant was having issues with trapezius muscle spasm, elbow pain, difficulty sleeping, neck pain, and difficulty dressing herself. The applicant expressed frustration about the previously denied trigger point injections and acupuncture. Hyposensorium was noted about the left arm with diminished grip strength noted about the right hand. Electrodiagnostic testing was again endorsed to search for carpal tunnel syndrome versus cervical radiculopathy. Trigger point injection therapy was also sought to address the applicant's myofascial tender points about the trapezius region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection of bilateral trapezoid muscle tender points: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are "not recommended" for radicular pain, as is present here. The applicant continues to report ongoing complaints of neck pain radiating to the bilateral upper extremities. The attending provider stated that he suspects a carpal tunnel syndrome and/or superimposed cervical radiculopathy. The applicant has a variety of neuropathic and/or radicular symptoms and signs, including paresthesias, hyposensorium appreciated on exam, diminished grip strength, etc. Trigger point injections, thus, are not indicated in the radicular pain/neuropathic pain context present here. Therefore, the request for Trigger Point Injection is not medically necessary.

Eight Acupuncture Sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The applicant has had extensive prior acupuncture over the course of the claim (approximately 30 sessions). While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.d do acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f, in this case, however, there is no such evidence of functional improvement as defined in section 9792.20f, despite extensive

prior acupuncture to date. The applicant remains off of work, on total temporary disability. The applicant's pain complaints are seemingly heightened from visit-to-visit, despite extensive prior acupuncture. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite extensive prior acupuncture over the course of the claim. Therefore, the request for Eight Acupuncture Sessions is not medically necessary.

EMG bilateral upper extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 261, electrodiagnostic testing may be repeated later in the course of the treatment if earlier testing is negative and symptoms persist. Here, the applicant reportedly had earlier negative electrodiagnostic testing in 2006-2007. Symptoms of upper extremity pain and/or paresthesias persist. The attending provider stated that he suspects a carpal tunnel syndrome and/or a superimposed cervical radiculopathy process. Obtaining EMG testing to help distinguish between the two considerations is indicated. Therefore, the request for EMG is medically necessary.

NCV bilateral upper extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 261, appropriate electrodiagnostic studies, including the nerve conduction testing at issue, can help to differentiate between carpal tunnel syndrome and/or a superimposed process, such as cervical radiculopathy. ACOEM Chapter 11, page 261 further notes that electrodiagnostic testing can be repeated later in the course of the treatment in applicants in whom symptoms persist. Here, the applicant did exhibit dysesthesias about one hand and diminished grip strength about the other. The applicant does report complaints of both neck pain and upper extremity paresthesias. The nerve conduction testing at issue will be helpful in establishing the presence or absence of carpal tunnel syndrome. Therefore, the request for NCV is medically necessary.