MAXIMUS Federal Services

Case Number:	CM14-0021094		
Date Assigned:	05/07/2014	Date of Injury:	08/12/2009
Decision Date:	10/24/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/20/2014

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 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 36-year-old female who reported an injury on 08/12/2009 caused by unspecified mechanism. The injured worker's treatment history included medications, MRI of the shoulder, x-rays, and urine drug screen. The injured worker was evaluated on 07/24/2014. It was documented that the injured worker complained of neck pain radiating from neck down to both arms, bilateral upper extremity pain and left shoulder pain. She had numbness of both thumbs, index fingers, middle fingers, ring fingers, and little fingers. Pain level had increased since last visit. The injured worker rated her pain with medications at 8/10 on the pain scale, and without medications 10/10 on the pain scale. Physical examination revealed cervical spine range of motion was restricted with flexion limited to 30 degrees limited by pain, extension limited to 40 degrees limited by pain, right lateral bending limited to 30 degrees, left lateral bending limited to 20 degrees limited by pain, lateral rotation to the left limited to 45 degrees and lateral rotation to the right limited to 60 degrees. Tenderness was noted at the rhomboid and trapezius. Spurling's maneuver produced no pain in the neck musculature or radicular symptoms in the arm. Adson's test was negative. No signs of meningism. Tender points along right rhomboids. Examination revealed tension was noted, flexion, extension, or adduction or abduction or active elevation, passive elevation, internal rotation, or external rotation. Neer, Hawkin's, empty cans and shoulder crossover test were negative. Left shoulder examination revealed restricted flexion limited to 90 degrees, limited by pain, and abduction limited to 90 degrees, limited by pain. Hawkins test was positive. Neer's test was positive. On palpation, tenderness was noted in the greater tubercle of humerus and subdeltoid bursa. No scapular winging noted. Diagnoses included spasm of muscle, cervical pain, and shoulder pain left. Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography of Bilateral Upper Extremities: Upheld

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

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

Decision rationale: MTUS/ACOEM Guidelines state that electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle, focal neurologic dysfunction in injured workers with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. The included medical documentation notes cervical pain with radiation to the bilateral upper extremities. The documentation submitted failed to indicate neurological dysfunction. Furthermore there are no plain films indicating a compromise or imagine studies to suggest that there is nerve root impingement. As such, the request for electromyography test for bilateral upper extremities is not medically necessary.

Nerve Conduction Velocity of Bilateral Upper Extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 177-179.

Decision rationale: MTUS/ACOEM state that Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. The systematic review and metanaylsis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. The management of spine trauma with radicular symptoms, EMG/nerve conduction studies often have low sensitivity and specify in confirming root injury and there is limited evidence to support the use of often uncomfortable and costly EMG/NCVS. The provider's rationale for the request was not provided within the documentation. The included medical documents lack evidence of the injured worker's failure of conservative treatment. The included medical documents lack evidence of muscle weakness, decreased sensation, and other symptoms, which would indicate nerve impingement. The request is not medically necessary.

Magnetic Resonance Image of the Cervical Spine: Upheld

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

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

Decision rationale: ACOEM guidelines recommend imaging studies when physiologic evidence identifies specific nerve compromise on the neurologic examination. The provider indicated the injured had physical therapy; however, there were no outcome measurements. There is a lack of objective findings identifying specific nerve compromise to warrant the use of imaging. Given the above, the request is not medically necessary.

Trigger Point Injections x 3 to the Right Rhomboid: 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 & Criteria for the use of Trigger point Injections Page(s): 122.

Decision rationale: Chronic Pain Medical Guidelines recommend trigger point injections only for myofascial pain syndrome, with limited lasting value. They are not recommended for radicular pain. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. The provider failed to include duration of symptoms. Furthermore, he failed to include physical therapy, NSAIDs, and muscle relaxants. As such, the request for trigger point injections is not medically necessary.