

<b>Case Number:</b>	CM14-0022626		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	04/21/2001
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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, has a subspecialty in Interventional Spine, 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 patient is a 43 year old with an injury date on 4/21/01. Based on the 2/1/14 progress report provided by [REDACTED] the diagnoses are: 1. C-spine pain; s/p cervical metal fusion C5-7 in 20032. Cervical spinal stenosis; C3/4 canal stenosis with APD of 7mm. C4/5 canal stenosis with APD of 8mm3. Bilateral cervical radiculopathy4. Right shoulder pain; combination of soft tissue inflammation and component of cervical nerve root irritation5. Mild back pain6. Myofascial pain of right trapezius muscle7. Myofascial pain of right infraspinatus muscle8. Tendonitis of bilateral rhomboidExam on 2/1/14 showed "Normal muscle tone/strength except shoulder abductors on left has give-way weakness, and left biceps and right triceps show give-way weakness. C-spine has limited range of motion. L-spine has normal range of motion and no tenderness from T-spine to coccyx. Shoulder has moderate tenderness to palpation at right trapezius and infraspinous muscle and bilateral rhomboid tendon." [REDACTED] is requesting tendon injections, trigger point injections, EMG bilateral upper extremities, and NCV bilateral upper extremities. The utilization review determination being challenged is dated 2/12/14 and rejects diagnostic studies due to lack of documentation showing need to clarify nerve root dysfunction. [REDACTED] is the requesting provider, and he provided treatment reports from 10/21/13 to 2/1/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENDON INJECTIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 178,Chronic Pain Treatment Guidelines Trigger point injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC, Low Back: Lumbar and Thoracic, Tendon Injections, Prolotherapy, and the Official Disability Guidelines (ODG)-TWC, Neck.

**Decision rationale:** This patient presents with shoulder pain, mid thoracic spine pain, neck pain and is s/p spinal fusion C5-C7 from 2003. The treating physician has asked for tendon injections on 2/1/14 for "tendonitis in bilateral rhomboid muscles." Patient has pain radiating from neck to bilateral subscapular area per 10/21/13 report. On 1/27/04, pain in subscapular area is getting worse. Regarding prolotherapy, ODG does not recommend its use for the scapular area, as studies do not demonstrate lasting functional improvement from this type of therapy. In this case, the treating physician has asked for tendon injections which are not indicated per ODG guidelines. Recommendation is for denial. The request is not medically necessary and appropriate.

**TRIGGER POINT INJECTIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints,Chronic Pain Treatment Guidelines Trigger point injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-197,Chronic Pain Treatment Guidelines Trigger point injections.

**Decision rationale:** This patient presents with shoulder pain, mid thoracic spine pain, neck pain and is s/p spinal fusion C5-C7 from 2003. The treating physician has asked for trigger point injection on 2/1/14. Regarding treatment of trigger points, MTUS recommends injections if examination findings show tenderness with taut band and referred pain. In this case, the patient does present with myofascial pain. The physical examination, however, does not show trigger points that have taut band and referred pain pattern as MTUS guidelines require for trigger point injections. Recommendation is for denial. The request is not medically necessary and appropriate.

**EMG BILATERAL UPPER EXTREMITIES:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 178,Chronic Pain Treatment Guidelines Trigger point injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 and 260-262.

**Decision rationale:** This patient presents with shoulder pain, mid thoracic spine pain, neck pain and is s/p spinal fusion C5-C7 from 2003. The treating physician has asked for an EMG bilateral upper extremities on 2/1/14 "to rule out cervical radiculopathy." The patient complains of new

cramping pain in bilateral hands on 2/3/14. Review of the reports does not show any evidence of EMGs being done in the past. For EMG of upper extremities, ACOEM guidelines state that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. The patient has new onset of radicular hand pain and treating physician requests an EMG to rule out cervical radiculopathy. Recommendation is for authorization. The request is medically necessary and appropriate.

**NCV BILATERAL UPPER EXTREMITIES:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 178, Chronic Pain Treatment Guidelines Trigger point injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, and 290-262.

**Decision rationale:** This patient presents with shoulder pain, mid thoracic spine pain, neck pain and is s/p spinal fusion C5-C7 from 2003. The treating physician has asked NCV bilateral upper extremities on 2/1/14 "to rule out cervical radiculopathy." The patient complains of new cramping pain in bilateral hands on 2/3/14. Review of the reports does not show any evidence of NCVs being done in the past. For NCV of upper extremities, ACOEM guidelines state that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. The patient has new onset of radicular hand pain and treating physician requests a NCV to rule out cervical radiculopathy. Recommendation is for authorization. The request is medically necessary and appropriate.