

Case Number:	CM14-0024174		
Date Assigned:	06/11/2014	Date of Injury:	10/22/2013
Decision Date:	07/15/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/26/2014

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 Neurology, 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 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:

Diagnoses of sprain of cervical and thoracic and lumbar region. Requested procedures are EMG/NCS of bilateral upper extremities and trigger point injections. Lists of subjective complaints of cervical, thoracic, and lumbar pain. Encounter dated 2/3/14 notes pain in the cervical, thoracic, and lumbar area. Physical examination is reported as tenderness of cervical spine with extension with negative spurling's sign. The thoracic and lumbar spine were non-tender with full range of motion. The 1/22/14 progress note indicated pain in same areas. The physical examination noted myofascial trigger points in the cervical paraspinal muscles, levator scapulae muscles, and trapezius muscles bilaterally. The hand intrinsics were weak at 4/5 and abductor pollicis brevis muscles were weak 4/5 bilaterally. There was decreased sensation noted to light touch in the medial aspect of the right forearm.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS BILATERAL UPPER ETREMITIES: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and back, electrodiagnostic studies.

Decision rationale: The medical records indicate the physical objective signs of neurologic abnormality demonstrated by decreased strength and sensation that are not clearly of radicular or peripheral origin. EMG/NCV studies will provide diagnostic information in this case to better determine the etiology of the condition and guide further therapy.

TRIGGER POINT INJECTIONS ONCE WEEKLY FOR 4 WEEKS TO THE NECK:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 122.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) head and neck, trigger point injections.

Decision rationale: The available medical records indicate physical examination showing trigger points in the cervical and neck region. However, a repeated series of injections (once per week for 4 weeks) is not supported under ODG guidelines. The medical records do not support the injections are being done as part of an active rehabilitation program or functional recovery program. ODG guidelines support the primary goal of trigger point therapy is the short-term relief of pain and tightness of the involved muscles in order to facilitate participation in an active rehabilitation program and restoration of functional capacity. TPIs are generally considered an adjunct rather than a primary form of treatment and should not be offered as either a primary or a sole treatment modality.

NAPROXEN 500 MG #60 WITH 1 REFILL: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) head and neck, NSAIDS.

Decision rationale: The medical records support the presence of chronic pain in the neck, thoracic, and lumbar region. ODG supports an NSAID, such as naprosyn, may be used as short-term symptomatic relief agent.