

<b>Case Number:</b>	CM14-0063929		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	05/20/2007
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 Illinois. 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 54-year-old male who reported an injury on 05/20/2007. The mechanism of injury was not provided. The prior studies included an MRI of the cervical spine, an MRI of the lumbar spine on 06/14/2013. The injured worker was noted to have a cervical epidural steroid injection on 04/03/2013. The injured worker had a lumbar medial branch radiofrequency neurotomy. The surgical history was noted to include a lumbar laminectomy and discectomy at L4-5 on 10/10/2013. The documentation of 03/21/2014 revealed the injured worker had complaints of neck pain radiating down both arms and back pain radiating from the low back down both legs. The pain was noted to have increased since his last visit. The injured worker was noted to have a slip and fall at home on 01/16/2014. The injured worker's medications were noted include Lyrica 100 mg, Lidoderm 5% patches, Pensaid 1.5% solution, Flector 1.3% patches, trazodone 50 mg tablets, Neosporin ointment 3.5-400-5000 mg/unit, baclofen 20 mg tablets, naltrexone 50 mg tablets and triamterene hydrochlorothiazide 75/50 mg. The physical examination revealed the injured worker had tenderness to palpation over the cervical spine. On examination of the paravertebral muscles the injured worker had tenderness and tight muscle band, and trigger point with a twitch response, along with radiating pain on palpation bilaterally. There was tenderness noted at the paracervical muscles and trapezius. The Spurling's maneuver caused pain in the muscles of the neck with no radicular symptoms. The sensory examination of the cervical spine revealed the injured worker had Spurling's maneuver causing pain but no radicular symptoms. The treatment plan included trigger point injections into the superficial musculature and an EMG/NCV. The diagnoses included cervical radiculopathy, lumbar facet syndrome, spinal and lumbar Degenerative Disc Disease, spasm of muscle and cervical pain. The EMG was an EMG/NCV of the bilateral upper extremities in order to evaluate for cervical

radiculopathy or to evaluate for peripheral nerve entrapment. There was no Request for Authorization submitted for the request.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Electromyogram (EMG): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment For Workers' Compensation Neck And Upper Back Procedure Summary.

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

**Decision rationale:** American College of Occupational and Environmental Medicine guidelines indicate 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. There should be documentation of 3 - 4 weeks of conservative care and observation. The clinical documentation submitted for review failed to provide documentation of an exhaustion of conservative care. The physician documented the request was for bilateral upper extremities. However, the request as submitted failed to indicate whether the electromyogram was for the upper or lower extremities and whether it was unilateral or bilateral. Given the above, the request for Electromyogram (EMG) is not medically necessary.

#### **Nerve Conduction Studies (NCS): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** The American College of Occupational and Environmental Medicine guidelines indicate 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. There should be documentation of 3 - 4 weeks of conservative care and observation. The clinical documentation submitted for review failed to provide documentation of an exhaustion of conservative care. The physician documented the request was for bilateral upper extremities. However, the request as submitted failed to indicate whether the electromyogram was for the upper or lower extremities and whether it was unilateral or bilateral. Given the above, the request for Nerve Conduction Studies (NCS) is not medically necessary.

**Trigger Point Injection (Cervical Paravertebral): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 121, 122.

**Decision rationale:** The California MTUS recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. Criteria for the use of Trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; Symptoms have persisted for more than three months; Medical management therapies such as ongoing stretching exercises, physical therapy, non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants have failed to control pain; Radiculopathy is not present (by exam, imaging, or neuro-testing). The clinical documentation submitted for review indicated the injured worker had trigger points with evidence upon palpation of a twitch response and referred pain. Even though it was documented that 2 trigger points were identified by palpation, there was a lack of documentation indicating the specific trigger points. The request as submitted failed to indicate the quantity of injections being requested. There was a lack of documentation of an exhaustion of conservative care. Given the above, the request for Trigger Point Injection (Cervical Paravertebral) is not medically necessary.