

<b>Case Number:</b>	CM15-0222414		
<b>Date Assigned:</b>	11/18/2015	<b>Date of Injury:</b>	08/19/2013
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 63 year old female, who sustained an industrial injury on 8-19-2013. The injured worker is undergoing treatment for thoracic outlet syndrome, cervical brachial syndrome, status post cervical syndrome, nausea and failed carpal tunnel release. Medical records dated 8-27-2015 and 9-18-2015 indicate the injured worker complains of upper extremity pain rated 8 out of 10 with numbness and tingling and neck pain rated 10 out of 10 and radiating numbness and tingling. The treating physician on 9-18-2015 indicates the injured worker would like medication management instead of trigger point injection and the injured worker reports nausea related to medication. Physical exam dated 8-27-2015 notes moderate distress, dystonic posture with the head and neck fixed to the right, decreased cervical range of motion (ROM), tightness, spasm, guarding and trigger points, Adson's test is "very positive," decreased sensation at C5, C6 and C7 and wrist tenderness to palpation. Treatment to date has included home exercise program (HEP), medication and activity alteration. The original utilization review dated 10-15-2015 indicates the request for magnetic resonance imaging (MRI) of cervical spine is certified, re-evaluation is modified and right neck trigger injection X 4 and electromyogram-nerve conduction velocity (NCV) of bilateral upper extremities is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right neck trigger injection x 4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

**Decision rationale:** MTUS states that Trigger Point Injections are recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. And further states that trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band, For fibromyalgia syndrome, trigger points injections have not been proven effective. MTUS lists the criteria for Trigger Points: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. The medical documents do meet some criteria for trigger point injections per MTUS. MTUS specifically states that radiculopathy should not be present by exam, imaging, or neuro-testing. However, subjective complaints of radiculopathy are present on numerous treatment notes. As such, the request for Right neck trigger injection x 4 is not medically necessary.

**EMG/NCV of bilateral upper extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS).

**Decision rationale:** ACOEM States "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." ODG further clarifies "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The treating physician has not met the above ACOEM and ODG criteria for an NCV of the upper extremities at this time. A prior EMG was performed in 9/2014 and the results of the study were not included in the submitted medical records. In addition the patient was certified for an MRI and the results of the MRI are pending. As such the request for EMG/NCV of bilateral upper extremities is not medically necessary at this time.

