

Case Number:	CM14-0124164		
Date Assigned:	08/08/2014	Date of Injury:	05/10/2012
Decision Date:	10/07/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/06/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 59-year-old female was reportedly injured on 5/10/2012. The mechanism of injury was noted as a MVA. Available medical records included progress notes dated 10/18/2013 and 6/27/2014, which documented ongoing complaints of neck and low back pains. Physical examination demonstrated mild torticollis to the left, positive compression sign, positive left Spurling's maneuver, cervical tenderness and spasm on the left, pain on scapular retraction, knots in the bilateral levator scapulae and right lateral paracervical muscular, pain with cervical range of motion at flexion 25 degrees, extension 20 degrees and tilt/rotation 20-25 degrees. There were also diminished biceps reflexes on the left, weakness in deltoid muscle on the left with diminished biceps and wrist extensor strength and diminished sensation on lateral aspect of left deltoid and dorsum of the hand. Plain radiographs of the cervical spine, dated 6/27/2014, showed instability and translation as well as more than 15 degrees angulation at the C3-C4 level. MRI of the cervical spine, dated 7/12/2013, demonstrated mild to moderate degenerative changes without significant change from 9/18/2012. Diagnoses were cervical radiculopathy and cervical discopathy. Previous treatment included Toradol injection, B12 injection, trigger point injections, physical therapy, acupuncture and medications. A request had been made for EMG/NCV studies of the upper extremities, retrospective trigger point injection into the right lateral paracervical musculature with 1 mL Lidocaine and 1 mL Celestone (on 6/27/14), retrospective trigger point injections into the bilateral levator scapulae areas with 1 mL Lidocaine and 1 mL Celestone into each trigger area (on 6/27/2014), which were not certified in the utilization review on 7/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV studies of the upper extremities: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004): Forearm, Wrist, and Hand - Diagnostic Investigations (electronically cited)

Decision rationale: MTUS/ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurological dysfunction in patients where a CT or MRI is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. The claimant suffers from neck pain and upper extremity symptoms after a work-related injury in May 2012. The previous utilization review on 7/20/2014 noted "she is attending physical therapy at this time and reports it is helping" (the physical therapy progress notes were not available for this independent medical review). Guidelines do not support electrodiagnostic studies when upper extremity symptoms are improving with conservative treatment. Given the lack of documentation, this request is not considered medically necessary.

Retrospective trigger point injection into the right lateral paracervical musculature with 1cc Lidocaine and 1cc Celestone (DOS: 6/27/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

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

Decision rationale: MTUS treatment guidelines supports trigger point injections only for myofascial pain syndromes presenting with a discrete focal tenderness. This treatment modality is not recommended for radicular pain. The criteria required for the use of trigger point injections require documentation of circumscribed trigger points with evidence of a twitch response upon palpation, symptoms that have persisted more than 3 months and failure to respond to conservative medical management therapies. The available medical records do not provide sufficient clinical documentation of a twitch response. Furthermore, the medical record documents a diagnosis of suspected radiculopathy rather than myofascial pain syndrome. Based on the clinical information provided, this request is not considered medically necessary.

Retrospective trigger point injections into the bilateral levator scapulae areas with 1cc Lidocaine and 1cc Celestone into each trigger area (DOS: 6/27/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

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

Decision rationale: MTUS treatment guidelines supports trigger point injections only for myofascial pain syndromes presenting with a discrete focal tenderness. This treatment modality is not recommended for radicular pain. The criteria required for the use of trigger point injections require documentation of circumscribed trigger points with evidence of a twitch response upon palpation, symptoms that have persisted more than 3 months and failure to respond to conservative medical management therapies. The available medical records do not provide sufficient clinical documentation of a twitch response. Furthermore, the medical record documented a diagnosis of suspected radiculopathy rather than myofascial pain syndrome. Based on the clinical information provided, this request is not considered medically necessary.