

<b>Case Number:</b>	CM14-0182171		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	08/08/2002
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 58-year-old female with a date of injury of 08/08/2002. The listed diagnoses are: 1. Status post cervical arthrodesis with chronic long term cervicalgia; 2. Status post lumbar decompression and fusion with lumbalgia. According to progress report 09/24/2014, the patient presents with neck and low back pain and pain in the bilateral upper trapezius muscles. She has constant numbness and tingling to the upper extremities, and she states that it is worsening. She is currently taking tramadol and gabapentin for pain relief. Physical examination revealed well-healed incision in the anterior neck. There is severe tenderness to palpation into the upper trapezius muscle and cervical paraspinal muscle. Mild inflammation was also noted. Range of motion of the cervical spine was decreased on all planes. There is decreased sensation at the C5-C6 dermatomal levels bilaterally. Treating physician is requesting trigger point injection into the right upper trapezius muscle, EMG/NCV of the upper extremities, and Ultram 50 mg #90 with 2 refills. Utilization review denied the request on 10/23/2014. Treatment reports 06/04/2014 through 09/24/2014 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 1 trigger point injection into the right upper trapezius muscle consisting of 2cc Celestone and 6cc of Lidocaine: 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): 122.

**Decision rationale:** This patient presents with neck and low back pain as well as bilateral upper trapezius muscle pain. The treating physician is requesting trigger point injection into the right upper trapezius muscle consisting of 2 ml of Celestone and 6 ml of lidocaine. MTUS under its chronic pain section has the following regarding trigger point injections: (pg. 122), "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. "Criteria for use include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. There is no evidence of prior Trigger Point Injections for this patient. The reports provided do not show documentation of "circumscribed trigger points with evidence upon palpation of a twitch response," as required by MTUS. Recommendation is that the request is not medically necessary.

**Prospective request for 1 EMG/NCS study of the upper extremities.:** 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 (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Electrodiagnostic testing (EMG/NCS)

**Decision rationale:** This patient presents with neck and low back pain as well as bilateral upper trapezius muscle pain. The treating physician is requesting 1 EMG/NCV study of the upper extremity. Utilization review denied the request stating that the patient has neck pain with radiating to the upper extremities "but no sign that this is radicular in nature." The Utilization Review indicates that the patient had an EMG/NCV study of the cervical spine in 2009 which "revealed a left-sided disk bulge but no evidence of radiculopathy." ACOEM Guidelines page 206 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. However, ACOEM may apply to acute/subacute conditions. ODG guidelines have the following regarding EDX and Carpal Tunnel Syndrome, "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary." ACOEM does allow for repeat studies for initial negative studies if early on in the injury. In this case, the patient has chronic neck pain and there are no new symptoms, or new neurologic findings to warrant a repeat study. Recommendation is that the request is not medically necessary.

**Prospective request for 1 prescription of Ultram 50mg #90 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88, 89, 76-78.

**Decision rationale:** This patient presents with continued neck and low back pain. The treating physician is requesting 1 prescription of Ultram 50 mg #90 with 2 refills. The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The patient has been taking Ultram since at least 6/5/14. Report 08/27/2014 states, "I'm going to prescribe Norco 10/325 #30 for her, and she states that the Ultram is no longer beneficial." Report 09/24/2014 states patient is taking tramadol, and "she states that the tramadol helps" and refill for Ultram with 2 refills was requested. In this case, recommendation for further use of Ultram cannot be supported as the treating physician does not provide specific functional improvement or changes in ADLs with taking long term opioids. There is no before and after scale provided to show analgesia, and side effects and other aberrant issues are not addressed. The urine toxicology and CURES report are not provided either. Furthermore, the treating physician states in his report 08/27/2014 states that Ultram is no longer beneficial for this patient. Given such findings, recommendation is that the request is not medically necessary.