

Case Number:	CM15-0123641		
Date Assigned:	07/08/2015	Date of Injury:	09/25/2004
Decision Date:	09/24/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/26/2015

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: New York
 Certification(s)/Specialty: Internal 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 44 year old female, who sustained an industrial injury on September 25, 2004 while working as an office manager. The mechanism of injury was not provided. The injured worker has been treated for right-sided neck pain with radiation to the right upper extremity. The diagnoses have included cervical spine degenerative disc disease, cervical radicular symptoms, cervical disc herniation, cervical spondylosis with myelopathy, post-laminectomy syndrome, neck pain, carpal tunnel syndrome, spasm of muscle, migraines and complex regional pain syndrome. Treatment and evaluation to date has included medications, radiological studies, computed tomography scan, injections, chiropractic treatments, a cervical fusion in 2005 and a posterior approach fusion. Work status was noted to be permanent and stationary. Current documentation dated April 30, 2015 notes that the injured worker reported ongoing right-sided neck and shoulder pain rated a 7/10 on the visual analogue scale. Medications included Norco, Cymbalta, Flexeril, Zantac, Advil, Maxalt and Icy Hot patches. Physical examination of the cervical spine revealed new muscle spasms on the left side. The treating physician's plan of care included requests for an electromyography to evaluate for cervical radiculopathy and carpal tunnel syndrome, trigger point injections for cervical muscle spasms and Icy Hot patches to help with musculoskeletal pain in the neck and shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography to evaluate cervical radiculopathy and carpal tunnel: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Carpal Tunnel Syndrome Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Chapter, Electrodiagnostic studies (EDS), Electromyography (EMG).

Decision rationale: MTUS states that electrodiagnostic studies including nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG), may help differentiate between Carpal Tunnel Syndrome (CTS) and other conditions, such as cervical radiculopathy. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the electrodiagnostic studies are negative, tests may be repeated later in the course of treatment if symptoms persist. ODG recommends Electrodiagnostic studies in patients with clinical signs of Carpal Tunnel Syndrome who may be candidates for surgery, but the addition of electromyography (EMG) is not generally necessary. EMG is recommended only in cases where diagnosis is difficult with nerve conduction studies (NCS), such as when defining whether neuropathy is of demyelinating or axonal type. The injured worker complains of right-sided neck and shoulder pain with findings of new muscle spasm on the left side. Physician report fails to indicate clinical findings of cervical radiculopathy to establish the medical necessity for EMG testing. The request for Electromyography to evaluate cervical radiculopathy and carpal tunnel is not medically necessary per guidelines.

Trigger Point Injections: 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: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommended trigger point injections only for myofascial pain syndrome. Trigger point injections with and anesthetic are recommended for non-resolving trigger points. Trigger point injections are not recommended for radicular pain. Trigger point injections may occasionally be necessary to maintain function in patients with myofascial problems when trigger points are present on examination. Trigger point injections are not recommended for typical back pain or neck pain. In this case, the injured worker was noted to have muscle spasms of the neck, but specific documentation of noted trigger points on physical examination was not provided. The request for Trigger Point Injections is not medically necessary per guidelines.

Icy Hot patches, quantity unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate Page(s): 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesics Page(s): 105, 111.

Decision rationale: Per the Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines topical salicylates are recommended. Topical salicylates are noted to be significantly better than a placebo in chronic pain. Topical analgesics are largely experimental in use and are recommended for localized neuropathic pain after there is evidence of a trial of first line therapy, such as tri-cyclic anti-depressants and anti-epileptic medications. These agents are applied to painful areas with advantages that include lack of systemic side effects and absence of drug interactions. In this case, the injured worker had been using Icy Hot patches for musculoskeletal pain in the neck and right shoulder. The documentation also notes that Ibuprofen irritates the injured workers stomach. The injured worker has been prescribed Icy Hot patches for at least 6 months with no documentation significant functional improvement. The request for Icy Hot patches is not medically necessary per MTUS.