

Case Number:	CM15-0066265		
Date Assigned:	04/14/2015	Date of Injury:	06/11/2014
Decision Date:	05/28/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/07/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck pain, mid back, and upper extremity pain with derivative complaints of depression, headaches, and sleep disturbance reportedly associated with an industrial injury of June 11, 2014. In a Utilization Review report dated March 11, 2015, the claims administrator failed to approve requests for cervical trigger point injections and electrodiagnostic testing of bilateral upper extremities. The claims administrator referenced a February 27, 2015 progress note in its determination. The claims administrator referenced earlier electrodiagnostic testing of July 14, 2014, which was notable for bilateral carpal tunnel syndrome in its determination. The applicant's attorney subsequently appealed. Electrodiagnostic testing of the bilateral upper extremities dated March 4, 2015 was notable for bilateral carpal tunnel syndrome. In a Doctor's First Report (DFR) dated February 20, 2015, the applicant apparently transferred care to a new primary treating provider (PTP). Ongoing complaints of neck pain, headaches, and sleep disturbance were reported. Some numbness about the hands was also evident, particularly on sleeping. Tenderness about the cervical paraspinal musculature was reported. Chiropractic manipulative therapy, a TENS unit, trigger point injections, electrodiagnostic of bilateral upper extremities, and cervical MRI imaging were endorsed. The attending provider stated that the applicant had had two previous trigger point injections, which had generated significant pain relief, most recently on October 2, 2014. The attending provider stated that he believed that the applicant's cervical paraspinal complaints represented myofascial or muscular pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Spine TPI (trigger point injection), Unspecified #/Site: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

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

Decision rationale: Yes, the request for a cervical trigger point injection was medically necessary, medically appropriate, and indicated here. The attending provider's progress note of February 27, 2015 framed the request for a cervical trigger point injection as a request for repeat trigger point injections in the cervical paraspinal region. The attending provider suggested that the applicant had responded favorably to earlier trigger point injections as evinced by the applicant's successful return to and maintenance of full-time work status with the same. Page 122 of the MTUS Chronic Pain Medical Treatment Guidelines notes that trigger point injections should not be repeated unless greater than 50% pain relief was obtained for six weeks after an injection and there is documented evidence of functional improvement. Here, the applicant did report several months of analgesia with a prior trigger point injection of October 2, 2014, the treating provide reported in his DFR dated February 27, 2015. The applicant had apparently returned to full-time, it was further noted on February 27, 2015, constituting prima facie evidence of functional improvement as defined in MTUS 9792.20e following receipt of earlier trigger point injection therapy. Therefore, the request for a repeat cervical trigger point injection was medically necessary.

EMG (Electromyogram) /NCS (nerve conduction study) Bilateral Upper Extremities:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-178, 309. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back chapter; Nerve conduction studies (NCS) - Electromyography (EMG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: Conversely, the request for electrodiagnostic testing of the bilateral upper extremities was not medically necessary, medically appropriate, and indicated here. While the MTUS Guideline in ACOEM Chapter 11, page 261 does acknowledge that electrodiagnostic testing may be later repeated in the course of treatment in applicants in whom earlier testing was negative in whom symptoms persist, in this case, however, historical electrodiagnostic testing of July 14, 2014, per the claims administrator, was notable for bilateral carpal tunnel syndrome. The prior positive electrodiagnostic testing, thus, effectively obviated the need for the repeat testing at issue. Therefore, the request was not medically necessary.

