

<b>Case Number:</b>	CM15-0071469		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	02/09/2011
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 41-year-old female, who sustained an industrial injury on February 9, 2011. She reported pain with intermittent numbness, tingling, and weakness in both hands and wrists. The injured worker was diagnosed as having ulnar neuropathy entrapment, lesion of ulnar nerve, complex regional pain syndrome of the upper limb, and injury to ulnar nerve. Diagnostic studies to date have included electromyography and urine drug screening. Treatment to date has included a spinal cord stimulator trial, thoracic radiofrequency neurotomy, physical therapy, bilateral wrist splints, a right wrist steroid injection, a home exercise program, and medications including pain, anti-epilepsy, oral and topical steroid, and antidepressant. On March 10, 2015, the injured worker complains of chronic severe pain in the right upper extremity, which is worse around the right elbow and forearm. There is increased elbow stiffness and right hand small joints. Associated symptoms include right hand perspiring more than the left, faster and thinner nail growth, increased tremor and shaking, hypersensitivity, allodynia, and minimal to no use of the right upper extremity. She complains of worsening neck pain and stiffness radiating into the trapezii muscles, ongoing headaches and gastrointestinal symptoms, and sleep difficulties. Her medications are help decrease her pain level by 30-40%. The physical exam of t neck was unremarkable. There was allodynia of the right elbow and forearm and right upper extremity shiny skin, sweatiness, and brittle nails. There was decreased right wrist strength and range of motion, positive right wrist stiffness, and decreased right hand range of motion and grip strength. There was extreme hypersensitivity over the right inner elbow up to the mid arm and down the forearm. She keeps the right upper extremity stiff and away from her side, and she cannot make a fist with the right hand. The treatment plan includes physical therapy for cervical spine, trigger point injection for the bilateral upper traps, a routine drug screen, and a maximum medical improvement (MMI) evaluation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Physical Therapy Cervical Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury in February 2011 and continues to be treated for neck and right upper extremity pain including a diagnosis of right upper extremity CRPS. When seen, there were muscle spasms in the right upper back and right neck. Although there is reference to "trigger points" involving the trapezius, rhomboid, levator scapula, and right cervical paraspinal muscles, the requesting provider documented only localized muscular pain when palpated. Medications being prescribed include Nucynta and Norco. Urine drug screening was being performed monthly with testing in January 2015 negative for two prescribed medications. Prior treatments have been extensive, including conservative treatments such as physical therapy and medications, and invasive procedures including a spinal cord stimulator trial, injections, and radiofrequency ablation. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is unknown. The claimant has already had therapy and a limited number of visits would be needed for review of a home exercise program. The request is not medically necessary.

### **Trigger point injection bilateral upper traps: 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 claimant sustained a work injury in February 2011 and continues to be treated for neck and right upper extremity pain including a diagnosis of right upper extremity CRPS. When seen, there were muscle spasms in the right upper back and right neck. Although there is reference to "trigger points" involving the trapezius, rhomboid, levator scapula, and right cervical paraspinal muscles, the requesting provider documented only localized muscular pain when palpated. Medications being prescribed include Nucynta and Norco. Urine drug screening was being performed monthly with testing in January 2015 negative for two prescribed medications. Prior treatments have been extensive, including conservative treatments such as physical therapy and medications, and invasive procedures including a spinal cord stimulator trial, injections, and radiofrequency ablation. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain. In this case, the presence of referred pain is not documented and therefore a trigger point injection was not medically necessary.

**Routine dug screen:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Urine drug testing (UDT).

**Decision rationale:** The claimant sustained a work injury in February 2011 and continues to be treated for neck and right upper extremity pain including a diagnosis of right upper extremity CRPS. When seen, there were muscle spasms in the right upper back and right neck. Although there is reference to "trigger points" involving the trapezius, rhomboid, levator scapula, and right cervical paraspinal muscles, the requesting provider documented only localized muscular pain when palpated. Medications being prescribed include Nucynta and Norco. Urine drug screening was being performed monthly with testing in January 2015 negative for two prescribed medications. Prior treatments have been extensive, including conservative treatments such as physical therapy and medications, and invasive procedures including a spinal cord stimulator, injections, and radiofrequency ablation. In this case, the claimant would be considered at least at a moderate risk for abuse of opioid medication. Guidelines recommend that patients at moderate risk be tested 2 to 3 times a year. Monthly, nonrandom testing, however, is not an effective approach or medically necessary.