

<b>Case Number:</b>	CM13-0024592		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	02/20/2008
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, and is licensed to practice in Texas. 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 physician 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 48 year old injured worker who reported an injury on February 20, 2008. The mechanism of injury was repetitive strain. The patient was diagnosed with cervical disc generation and chronic pain. In the most recent clinical note dated September 27, 2013, reported the patient complained about clicking of their right thumb, burning around elbow with swelling, and persistent pain to upper back and neck. Upon examination there is noted pain over A1 pulley, sensitivity around the right medial aspect of the elbow, the right thumb clicks with flexion, and there is radiating pain with Spurling's maneuver. The patient received an injection of Marcaine and Cortisone to right trigger thumb upon completion of assessment. The patient was recommended to continue use of Etodolac, and Gabapentin for pain, inflammation, and paresthesias.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Three trigger point injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Trigger Point Injections.

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines criteria for using trigger point injection included documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, symptoms have persisted for more than three months, and no repeat injections unless a greater than 50% pain relief with reduced medication use is obtained for six weeks after an injection and there is documented evidence of functional improvement. There is no clinical documentation in the medical record suggesting the patient had the twitch response to the shoulder/trapezius with palpation. It is mentioned that the previous trigger point injection given only provided relief for a week or so, and guidelines require a 50 percent pain relief gain. The complaints of pain by the patient are revolved around the patients thumb, neck and upper back. There is no documentation of complaints of shoulder pain for 3 months or more. As such the medical necessity for three trigger point injections to right shoulder times has not been proven. The requests for three trigger point injections are not medically necessary and appropriate.