

<b>Case Number:</b>	CM13-0043600		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/30/2010
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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:

This is a female patient with a date of injury of 3/30/10. A utilization review determination dated 10/21/13 recommends non-certification of 1 ultrasound-guided trigger point injection to the left levator scapulae. A progress report dated 11/25/13 identifies subjective complaints including pain in the neck, left shoulder, right shin, bilateral wrists and hands. The patient did well with the previous trigger point injections. Objective examination findings identify tenderness to palpation with hypertonicity present over the bilateral paravertebral musculature and upper trapezius muscles. Trigger points are noted involving the left upper trapezius muscles and left levator scapulae muscles. Tenderness to palpation is present over the periscapular muscles and over the left levator scapulae muscles. Trigger point is noted in these regions. Diagnoses include cervical spine sprain/strain, left shoulder bursitis, tendinitis, impingement and biceps tenosynovitis, s/p left carpal tunnel release, left ulnar nerve transposition performed 1/15/13, bilateral forearm and wrist sprain/strain with flexor and extensor tendinitis, and severe right carpal tunnel syndrome. Treatment plan recommends trigger point injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Ultrasound-guided trigger point injection to the left levator scapulae: Upheld**

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

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

**Decision rationale:** Regarding the request for 1 ultrasound-guided trigger point injection to the left levator scapulae, California MTUS supports trigger point injections when there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain when symptoms have persisted for more than three months and medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. Repeat injections are supported when there is greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. Within the documentation available for review, there is no documentation of trigger points as defined above, with evidence upon palpation of a twitch response as well as referred pain. Additionally, prior trigger point injections were noted to be beneficial, but the documentation does not identify greater than 50% pain relief for six weeks after an injection with evidence of functional improvement. In the absence of such documentation, the currently requested 1 ultrasound-guided trigger point injection to the left levator scapulae is not medically necessary.