

Case Number:	CM13-0059187		
Date Assigned:	12/30/2013	Date of Injury:	09/16/2008
Decision Date:	04/30/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	11/26/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Maryland. 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/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 36 year old male who had a work injury 9/16/08. The patient reports a history of a head and neck injury on September 16, 2008 after a fall from a ladder onto his back and neck causing a loss of consciousness. The patient suffered some fractures involving his wrist that required surgical fixation. His diagnoses include: Status post successful spinal cord stimulator trial; Status post hardware removal of right wrist secondary to radial ulnar fracture; Status post right mid humeral fracture with intramedullary rodding (X-ray confirmed); Bilateral C5-C6 radiculopathy and right carpal tunnel syndrome (EMG confirmed); Minimal cervical disc protrusion at C5-C6 (MRI confirmed); Chronic myofascial pain syndrome; Depression (GAF=65) ;Status post right shoulder subacromial decompression; Status post right knee ACL ligament repair with tendon allograft. There is a 9/19/13 document that states that the patient has a severe escalation of neck pain and right shoulder pain shooting down upper extremities, right more than left with tingling, numbness and paresthesia. He scores his pain 5-8/10 on VAS. There is a physical exam that states that there is loss of normal lordotic curve of cervical spine. ROM of the cervical spine is restricted. Paravertebral muscle spasm and localized tenderness is present in lower cervical and right supraclavicular region. Documentation from 11/14/13 reveals the patient presented with complaints of severe constant neck and right shoulder pain shooting down the upper extremities, right more than left with tingling, numbness and paresthesia. The patient complains of severe escalation of his right wrist pain, rated at 5-8/10. Medications give him pain relief for a few hours and then the pain starts coming back. Physical examination revealed paravertebral muscle spasm and localized tenderness present in the lower cervical and right supraclavicular region. Range of motion is restricted in the cervical spine and right knee. Right-sided Spurling's maneuver is positive. There is severe tenderness present in the right carpal

tunnel area. Motor strength is 5/5 with give way weakness of 4+/5 in the right upper extremity. There is a request for a right wrist trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

RT WRIST TRIGGER POINT INJECTIONS: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend trigger points for chronic low back or neck pain with myofascial pain syndrome when particular criteria are met. These criteria include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain and radiculopathy is not present (by exam, imaging, or neuro-testing.) The documentation submitted does not reveal the circumscribed trigger points with evidence of twitch response. Additionally, the documentation indicates that the patient has radicular symptoms with a positive Spurling sign on physical exam and a request for authorization of a cervical epidural steroid injection. The request therefore for a right wrist trigger point injection is not medically necessary or appropriate.