

<b>Case Number:</b>	CM13-0061105		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	04/01/2004
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	07/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 Orthopedic Surgery and is licensed to practice in Texas and 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 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 injured worker is a 66-year-old female who reported an injury on 04/02/2004. The mechanism of injury was not provided. The current diagnoses include left thenar carpometacarpal joint arthroplasty with residual, carpal tunnel syndrome bilaterally, residual of right carpal tunnel release in 01/2012, degeneration of the cervical spine, anxiety, chronic migraine headaches, and myofascial tension in the neck. The injured worker was evaluated on 08/09/2013. The injured worker reported persistent pain. The injured worker reported improvement with ice therapy and trigger point injections. Physical examination revealed 2+ tenderness to palpation in the left trapezius muscles; tenderness to palpation with taut bands and myofascial trigger points with a twitch response in the levator scapulae, trapezius and rhomboid muscles; limited cervical range of motion; anterior chest wall tenderness to palpation; decreased swelling in the left distal thumb; tenderness at the left thenar metacarpal phalangeal joint; and minimally reduced sensation in the median nerve distribution bilaterally. The treatment recommendations included continuation of current medication. A request for authorization was then submitted on 08/16/2013 for repeat trigger point injections into the levator scapulae and trapezius muscles.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REPEAT TRIGGER POINT INJECTIONS INTO LEFT LEVATOR SCAPULAE, TRAPEZIUM RHOMBID:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state trigger point injections are recommended only for myofascial pain syndrome. There should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. There should be evidence of 50% pain relief for 6 weeks following an initial injection prior to a repeat injection. There should also be evidence of a failure to respond to ongoing stretching exercises, physical therapy, nonsteroidal anti-inflammatory drugs (NSAIDs), and muscle relaxants. As per the documentation submitted for review, the injured worker underwent trigger point injections on 06/18/2013. Although the injured worker reported 80% improvement in symptoms and function, there was no objective evidence of functional improvement for 6 weeks following the initial series of injections. There is also no documentation of a failure to respond to medical management therapy such as exercises, physical therapy, NSAIDs, and muscle relaxants. Based on the clinical information received and the California MTUS Guidelines, the request for repeat trigger point injections into the left levator scapulae, trapezium rhomboid is not certified.