

<b>Case Number:</b>	CM13-0062964		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/08/2011
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 and Rehabilitation and is licensed to practice in Illinois. 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 39-year-old female who reported an injury on 08/08/2011. The mechanism of injury was not provided in the medical records. The injured worker continued to have chronic thoracic outlet syndrome as well as chronic muscle spasms and pain. Physical examination of the left shoulder noted the injured worker to be guarded in all ranges of motion; however, she had good movement about the glenohumeral joint. The injured worker was noted to have dyskinesia of the scapulothoracic junction; with forward flexion of 150 degrees, abduction 160 degrees, and negative Neer's and Hawkins impingement signs. She was noted to have scapulothoracic pain and discomfort as well as significant point tenderness throughout the pectoralis major and pectoralis minor. The injured worker was diagnosed with brachial plexus lesions. Prior medical treatment included trapezius trigger point injections, left scalene block, physical therapy, and medications. Diagnostic studies included an MRI of the shoulder on 04/01/2013. The request for authorization was not provided in the medical records. Therefore, the clinical note from the date the treatment was requested is unclear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ULTRASOUND GUIDED TPI'S LEFT TRAPEZIUS & PECTORALIS MINOR:** Upheld

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

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

**Decision rationale:** According to the California MTUS Guidelines, trigger point injections are only recommended for myofascial pain syndrome. Trigger point injections are not recommended for radicular pain. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and a dissociated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. The clinical note dated 11/13/2013 noted the injured worker had severe tenderness to the left upper extremity over the infraclavicular area, supraclavicular area, and scapular area. Strength was noted to be 4/5. Muscle spasms were noted at the cervicobrachial left scalene and left upper trapezius. Trigger points with twitch responses were noted at all locations. The injured worker was noted to have a positive Adson's maneuver on the left. The documentation submitted also indicated the injured worker was authorized 6 sessions of physical therapy. However, in the absence of details regarding failure to control pain with physical therapy, the request is not supported. Documentation also failed to provide evidence of failure to control pain with the use of NSAIDs or muscle relaxants. The documentation submitted also noted the injured worker had previous trigger point injections on 09/12/2013. The guidelines state repeat injections are recommended with documentation of 50% pain relief with functional improvement; the documentation failed to provide evidence of significant functional improvement. Therefore, the request is not supported. Given the above, the request for ultrasound guided TPIs left trapezius and pectoralis minor is non-certified.

**LEFT SCALENE BLOCK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 301-305.

**Decision rationale:** ACOEM states if response to exercise is protracted, anterior scalene block has been reported to be efficacious in relieving acute thoracic outlet symptoms, and as an adjunct to diagnosis. The documentation submitted for review indicated the injured worker had a left scale block on 09/26/2013. The injured worker was noted to have an overall improvement in her condition. The guidelines indicate anterior scalene block has been reported to be efficacious in relieving acute thoracic outlet symptoms, and as an adjunct to diagnosis. The injured worker was noted to have an improvement in her condition with the prior scalene block; however, the efficacy of the injection was not quantified by significant objective measures of improvement and decreased medication use. It was unclear if the injection was for diagnostic or therapeutic usage. Therefore, the request is not supported. Given the above, the request for left scalene block is non-certified.

