

Case Number:	CM13-0063327		
Date Assigned:	12/30/2013	Date of Injury:	08/05/2011
Decision Date:	04/09/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/09/2013

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 Orthopedic Surgery and Hand Surgery 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 52 year old female who reported an injury on 08/05/2011. The patient was reportedly injured secondary to repetitive work activities. The patient is currently diagnosed with neurogenic thoracic outlet syndrome, myofascial pain syndrome, cervical dystonia, fibromyalgia, left ulnar neuropathy, bilateral carpal tunnel syndrome, cervical degenerative disc disease, and severe depression. The patient was seen on 11/21/2013. The patient presented with neck and upper extremity pain as well as paresthesia. Physical examination revealed limited cervical range of motion, tenderness to palpation, 5/5 motor strength in bilateral upper extremities, positive Tinel's and Phalen's testing, and paresthesia in the ulnar distribution. Treatment recommendations at that time included initiation of Cymbalta, a recommendation for psychological interventions, an anterior scalene block, and electrodiagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two left trigger point injections at ant scalene and trapezius: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines-Trigger Point Injections.

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

Decision rationale: California MTUS Guidelines state trigger point injections are recommended only for myofascial pain syndrome. As per the documentation submitted, there was no evidence of circumscribed trigger points with a twitch response as well as referred pain. There is also no documentation of an exhaustion of conservative treatment including exercises, physical therapy, NSAIDS, and muscle relaxants. Based on the clinical information received, the patient does not meet criteria for a trigger point injection. Therefore, the request is non-certified.