

Case Number:	CM14-0137788		
Date Assigned:	09/05/2014	Date of Injury:	02/12/2014
Decision Date:	10/22/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/26/2014

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 Occupational Medicine, 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 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:

Injured worker is a female with date of injury 2/12/2014. Per primary treating physician's progress report dated 7/21/2014, the injured worker continues to have persistent pain in the left wrist associated with numbness and tingling sensation to the fingers of the left hand, with pain radiating to the left upper extremity. She reports persistent pain in the neck, left shoulder and left upper back and lower back. She states the prescribed medications, use of IF 4 unit at home, physiotherapy and chiropractic treatment have been providing her relief of symptoms. She feels her condition has slightly improved at this time. To date she has received 19 sessions of physiotherapy and 9 sessions of chiropractic treatment. Her complaints include 1) neck pain radiating to the shoulder 2) low back pain, associated with limited motion and sleep interruption 3) left shoulder pain, associated with limited motion and headaches 4) bilateral wrist pain, associated with numbness and tingling 5) left hand pain, associated with numbness, tingling and swelling. On examination there is tenderness to palpation over the paracervicals, sternocleidomastoid, trapezius, and levator scapulae muscles on the left. Range of motion of the cervical spine reveals lateral rotation of 70 degrees, lateral bending or 40 degrees, flexion of 40 degrees and extension of 50 degrees with associated pain. There is tenderness to palpation over the paralumbar muscles. Range of motion is flexion of 20 degrees, extension of 20 degrees, and lateral bending of 20 degrees. Straight leg raising is accomplished at 60 degrees bilaterally [no mention of symptoms]. Left shoulder has tenderness over the acromioclavicular joint and rotator cuff muscles. Range of motion is accomplished with flexion of 150 degrees, extension of 40 degrees, abduction of 150 degrees, adduction of 40 degrees, external rotation of 50 degrees and internal rotation of 70 degrees. There is pain with range of motion in all planes. Left wrist has tenderness to palpation. Range of motion reveals palmar flexion of 50 degrees, dorsiflexion of 40 degrees, radial deviation of 15 degrees and ulnar deviation of 20 degrees. Tinell's sign and

Phalen's test are positive. Diagnoses include 1) chronic cervical spine pain syndrome with mild spondylosis at C5-C6 and C6-C7 2) minimal disc bulge at L4-L5 and L5-S1, lumbar spine 3) sprain/strain, left shoulder with supraspinatus and infraspinatus tendinosis 4) repetitive motion disorder, bilateral wrists, left greater than right 5) tenosynovitis, carpal tunnel syndrome, left 6) sleep interruption due to pain 7) anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection: Kenalog 1ml & Lidocaine 1% 1ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections and Criteria for Trigger Point Injections.

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

Decision rationale: The MTUS Guidelines recommend the use of trigger point injections for myofascial pain syndrome as indicated, with limited lasting value. It is not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Trigger point injections are not recommended for typical back pain or neck pain. For fibromyalgia syndrome, trigger point injections have not been proven effective. Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. The clinical reports do not identify a trigger point, which the MTUS Guidelines describe as a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Medical necessity for this procedure has not been established. The request for Trigger Point Injection: Kenalog 1ml & Lidocaine 1% 1ml is determined to not be medically necessary.

Lidocaine Patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 56-57.

Decision rationale: Lidoderm is a lidocaine patch providing topical lidocaine. The MTUS Guidelines recommend the use of topical lidocaine primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The request for Lidocaine Patch #30: is determined to not be medically necessary.

Referral Hand Surgeon for Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, 90.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. The injured worker has left shoulder and left wrist symptoms for which the primary treating physician is requesting to have a hand surgeon evaluate. This is a reasonable request, and is consistent with the recommendations of the MTUS Guidelines. The request for Referral Hand Surgeon for Evaluation is determined to be medically necessary.