

<b>Case Number:</b>	CM14-0032385		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	11/19/2002
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 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 64-year-old female who reported an injury on 11/19/2002. The mechanism of injury was noted to be a slip and fall. The injured worker's diagnoses were noted to be status post Colles fracture of the left wrist; reflex sympathetic dystrophy of the left upper extremity with deformity; and adhesive capsulitis of the left shoulder, traumatic. Prior treatments were noted to be physical therapy and an interferential unit. The injured worker had surgery on 11/23/2002. Surgery was noted to be a closed reduction of a displaced fracture of the left distal radius. The injured worker had a left sided stellate ganglion block on 03/19/2003. The injured worker had an evaluation on 02/03/2014 with subjective complaints of headaches and neck pain. She indicated shooting pain in her left hand due to cold weather. The objective findings included range of motion of the cervical spine slightly restricted in all planes. There were multiple myofascial trigger points and taut bands noted throughout the cervical paraspinal musculature, as well as in the trapezius, levator scapulae, scalene, infraspinatus, interscapular, and thoracic paraspinal musculature. Both wrists were hypersensitive to touch. The range of motion of the right wrist was slightly decreased, while the range of motion of the left was moderately decreased. Sensation to fine touch and pinprick was decreased in all fingers of the left hand and in the 1st, 2nd, 3rd, and 4th digits of the right hand. The injured worker could not fully flex the fingers of her left hand and therefore, could not make a grip with her left hand. Grip strength of the right hand was decreased to a 4/5. The injured worker was given a refill for Vicodin, Lidoderm patches, Colace, and also an order for a urine drug screen. The treatment rendered was trigger point injections (4) and the treatment plan for home muscle stretching exercises and aquatic therapy exercise. The provider's rationale for the request is within a clinical evaluation dated 02/03/2014. The request for authorization for medical treatment was not provided within the documentation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **RETROSPECTIVE TRIGGER POINT INJECTIONS, 1ML 0.25% BUPIVACAINE CERVICAL SPINE GIVEN 02/08/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections, page(s) 122 Page(s): 122.

**Decision rationale:** The request for retrospective Trigger Point Injections, 1 ml 0.25% Bupivacaine cervical spine given 02/08/2014 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend trigger point injections only for myofascial pain syndrome. Trigger point injections are 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. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain must be documented. Symptoms must be documented as persistent for more than 3 months. Failure of medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants must be noted in the clinical documentation. Radiculopathy must not be present by exam, imaging, or neuro testing. The objective findings on the date of trigger point injection did not include a twitch response. It is not indicated that the symptoms have persisted for more than 3 months. It is also not documented failure of conservative therapies. Due to a lack of documentation in the clinical note dated 02/03/2014, the request for retrospective Trigger Point Injections, 1 ml 0.25% Bupivacaine cervical spine given 02/08/2014 is not medically necessary.