

Case Number:	CM14-0049845		
Date Assigned:	07/07/2014	Date of Injury:	06/30/2000
Decision Date:	08/14/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/14/2014

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 t

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 59-year-old female who reported an injury on 06/30/2000 due to cumulative trauma. The injured worker complained of persistent pain to the right thumb. On physical examination dated 04/17/2014, there was tenderness over the basilar joint of the thumb on the right hand. Grind test was positive at the basilar joint. Tenderness to palpation over the paraspinal muscles with trapezius spasms was noted. Range of motion was limited in all planes. The injured worker's diagnoses were cervical spine strain and sprain, increased myofascial pain syndrome, status post right thumb trigger, basilar joint arthroplasty with trapezius excision, wire fixation and de Quervain's release, lumbar spine sprain and strain, disc degenerative disease, 2 mm disc bulge L3 through L4, 4 mm disc bulge at L4 to L5 with facet degeneration, central stenosis and osteoarthritis. The injured worker's past diagnostics include MRI scan dated 08/04/2008 that revealed lumbar spine sprain and strain, disc degenerative disease, 2 mm disc bulge at L3 and L4, 4 mm disc bulge at L4 through L5 with facet degeneration, central stenosis and facet osteoarthritis. On clinical visit dated 12/04/2013, the injured worker reported that she had completed 5 out of 6 authorized acupuncture sessions but continued to have trapezius spasms. The injured worker's medications were Norco, Topamax and dendracin and Colace. The rationale for the request and the Request for Authorization was not provided with documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections (cortisone) cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The request for trigger point injections cortisone, cervical spine is not medically necessary. The Chronic Pain Medical Treatment Guidelines recommend trigger point injections only for myofascial pain syndrome and is not recommended for radicular pain. Trigger point injections with a local anesthetic may be recommended for treatment of chronic low back pain or neck pain with myofascial pain syndrome. Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, symptoms have persisted for more than 3 months and medical management therapy such as ongoing stretching, exercise, physical therapy, NSAIDS and muscle relaxants have failed to control pain must be documented. Additionally, the guidelines say no more than 3 to 4 injections are recommended per session. The injured worker was noted to have neck pain and myofascial pain syndrome. The physical examination revealed tenderness and spasms upon palpation; however there is no documentation on the most recent physical examination of circumscribed trigger points with evidence of twitch response or referred pain. The injured worker was shown to have neck pain for more than 3 months and myofascial pain. However, details were not provided regarding conservative care including if the injured worker had failed management therapies such as stretching exercises and physical therapies or muscle relaxants. Moreover, the documentation did not indicate the number of trigger point injections that was being requested. Therefore, in the absence of details regarding conservative treatment, significant findings on physical examination and a specific number of injections recommended, the request is not supported, therefore the request for trigger point injections, cortisone, cervical spine is not medically necessary.

Right trigger thumb injection under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The request for right thumb injection under ultrasound guidance is not medically necessary. The CA MTUS/AOCCEM Guidelines indicates that trigger finger if significantly symptomatic, is probably best treated with a cortisone/anesthetic injection at first encounter. One or two injections of lidocaine and corticosteroids into or near the thickened area of the flexor tendon sheath of the affected finger are almost always sufficient to cure symptoms and restore function. A procedure under local anesthesia may be necessary to permanently correct persistent triggering. The injured worker had a previous trigger thumb injection on 04/03/2014 and she noted that there was no triggering of the thumb but still had difficulty with gripping and grasping and there was still tenderness over the thumb basilar joint with positive grind test. The injured worker reported that there was no more triggering of the thumb after the

first injection was done. Therefore guide lines indicate one or two injections for triggering finger. The injured worker reported that there was no more triggering of the thumb. However there were no documented details regarding conservative treatments attempted. As such, the request for right trigger thumb injection under ultrasound guidance is not medically necessary.