

<b>Case Number:</b>	CM14-0062739		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	11/09/2012
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Anesthesiology, with a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 54-year-old female patient with an 11/9/12 date of injury. She injured herself when trying to keep a cabinet from crashing through the window and her left arm got trapped between the broken window and the cabinet. A progress report dated on 4/2/14 indicated that the patient had dysesthetic pain throughout the left upper extremity. She experienced new symptoms of swelling in both hands and digits. Physical exam revealed limited and guarded range of motion over the left shoulder, left elbow and the left wrist. There was bilateral tenderness over the dorsal hands and digits. The patient had light touch and light pressure allodynia over the medial left elbow into the fourth and fifth digits. She showed trigger point finger more in her left index and middle finger. She was diagnosed with left upper extremity complex regional pain syndrome and peripheral upper extremity swelling, potentially related to medication. Treatment to date: medication management and trigger point injection. There is documentation of a previous 4/10/14 adverse determination, based on the fact that it was not clearly noted the the patient had 50% pain relief after the previous trigger point injection, therefore an additional injection was not certified. The FRP was not certified, because the patient has been recommended to proceed with a trial spinal cord stimulation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat trigger point injections to the left elbow, wrist and forearm: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (Colorado, 2002) (Blue Cross/Blue Shield, 2004).

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

**Decision rationale:** MTUS criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; medical management therapies have failed; radiculopathy is not present; and no more than 3-4 injections per session. Additionally, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. The patient presented with dysesthetic pain throughout the left upper extremity. Physical exam revealed a trigger point finger. It was noted that the patient had trigger point injections previously. However, there was no documentation supporting 50% pain relief for six weeks after the trigger point injection. Therefore, the request for Repeat Trigger Point Injections To The left Elbow, Wrist And Forearm was not medically necessary.

**Cognitive and Behavioral evaluation to evaluate for FRP:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines criteria for functional restoration program participation include an adequate and thorough evaluation; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; a significant loss of ability to function independently; that the patient is not a candidate where surgery or other treatments would clearly be warranted; that the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and that negative predictors of success above have been addressed. The patient presented with the dysesthetic pain over the entire left upper extremity. However, there was no documentation of patient's behavioral instability. In addition there was no evidence that the employee wanted to return to the workplace. It was unclear if the patient was not a surgical candidate or if all conservative management had been exhausted. Therefore, the request for Cognitive and Behavioral evaluation to evaluate for FRP was not medically necessary.