

Case Number:	CM14-0069097		
Date Assigned:	07/14/2014	Date of Injury:	07/02/2010
Decision Date:	08/22/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/14/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 51-year-old female who reported an injury on 07/02/2010. The mechanism of injury occurred when she was trying to keep the bathroom door closed while a passenger was trying to force it open. The diagnoses included left wrist pain; status post left thumb surgery x 2, and myofascial pain syndrome. The injured worker has a history of 2 unspecified left thumb surgeries in 2005 and left shoulder repair. She has had wrist x-rays and an MRI on 09/03/2013. The injured worker has had hand therapy with some relief as well as work hardening in 05/2013. The injured worker has had previous therapy, home exercise program, and pain medication. The injured worker had an examination on 01/07/2014. The injured worker had complained of pain in the left wrist area with some radiation of pain down into the left hand with intermittent numbness and tingling sensations that were affecting the entire left hand. She did note having some muscle spasms involving the left forearm and loss of strength in the left hand. Her examination of her strength was normal to the bilateral deltoid, biceps, and triceps. There was some weakness noted in the wrist with grip strength of 4/5. The injured worker had a positive Tinel's sign at the left Guyon's tunnel, there was a positive Tinel's sign at the left carpal tunnel, there were negative Spurling's signs bilaterally, and a negative Tinel's sign at the bilateral ulnar grooves. The list of medications included Flexeril, Omeprazole, Neurontin, and Orudis. The recommended plan of treatment was for the injured worker to continue to take her medications to maintain her function and to have an option of pursuing possible left hand surgery. There was not an examination for review regarding trigger point injection to the left trapezius muscle. The Request for Authorization was not provided. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four (4) Trigger point injections to the left trapezius muscles under ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Trigger point injections.

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

Decision rationale: Upon examination on 01/07/2014, there was not a thorough examination regarding the trapezius muscle. The report did state that there were normal reflexes in the bilateral brachioradialis, biceps, and triceps, and there was normal strength in the bilateral deltoid, biceps, and triceps. The California MTUS Guidelines noted there must be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. There was no evidence of a twitch response or any pain regarding the trapezius muscle. The guidelines recommend that the symptoms should persist for more than 3 months. There is no evidence of symptoms of pain and trigger points in the trapezius muscles. The criteria also recommend patients should have failed medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants. There is a lack of documentation indicating the injured worker was previously treated with stretching exercises or physical therapy. There is a lack of evidence to support medical necessity for this request. Therefore, the request for the four (4) trigger point injections is not medically necessary.