

Case Number:	CM14-0093363		
Date Assigned:	07/28/2014	Date of Injury:	05/22/2007
Decision Date:	08/29/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/19/2014

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 Management 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:

According to the records made available for review, this is a 43-year-old female with a 5/22/07 date of injury, and right index trigger finger release with flexor tenosynovectomy and submuscular ulnar nerve transposition on 7/19/10. At the time (5/22/14) of the Decision for Trigger Point Injections right wrist 1/2 muscle, there is documentation of subjective (difficulty with movement and shaking of right arm) and objective (decreased range of motion of right arm with significant spasticity) findings, current diagnoses (right arm chronic regional pain syndrome, muscle spasm, chronic right elbow and carpal tunnel syndrome, triangular fibrocartilage complex, and de Quervain's tenosynovitis), and treatment to date (medications, acupuncture, physical therapy, and trigger point injections). There is no documentation of greater than 50% pain relief obtained for six weeks after injection, documented evidence of functional improvement, and injections not at an interval less than two months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections right wrist 1/2 Muscle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122, 111-113, 98-99.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); and no more than 3-4 injections per session, as criteria necessary to support the medical necessity of trigger point injections. Additionally, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of greater than 50% pain relief is obtained for six weeks after an injection, documented evidence of functional improvement, and injections not at an interval less than two months, as criteria necessary to support the medical necessity of repeat trigger point injections. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of right arm chronic regional pain syndrome, muscle spasm, chronic right elbow and carpal tunnel syndrome, triangular fibrocartilage complex, and de Quervain's tenosynovitis. In addition, there is documentation of previous trigger point injections. However, there is no documentation of greater than 50% pain relief obtained for six weeks after injection, documented evidence of functional improvement, and injections not at an interval less than two months. Therefore, based on guidelines and a review of the evidence, the request for Trigger Point Injections right wrist 1/2 muscle is not medically necessary.