

<b>Case Number:</b>	CM15-0004107		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	10/05/2010
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 61-year-old male who reported injury on 10/05/2010. The diagnoses were noted to include carpal tunnel syndrome, lumbar sprain and strain, other and unspecified disc disorder, other tenosynovitis of hand and wrist, and hand sprain. Other therapies included an epidural steroid injection. The mechanism of injury was noted to be continuous trauma. The injured worker underwent an MRI of the lumbar spine, which was noncontributory to the request. The injured worker underwent an EMG/NCV and an MRI of the wrist. The documentation of 12/03/2014 was handwritten and difficult to read. The documentation indicated the injured worker had tender paraspinal muscles in the cervical spine and lumbar spine. Documentation indicated the injured worker was post-epidural injection. There was a request for trigger point injections. The documentation indicated the injured worker had trigger points at the levator scapula muscles with radiation of pain. The rest of the physical examination was difficult to read. There was a Request for Authorization dated 12/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Lev Scap Trigger Point Injection Under US Guidance:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 121;122.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends trigger point injections for myofascial pain syndrome, and they are not recommended for radicular pain. Criteria for the use of trigger point injections include: 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; medical management therapies, such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants, have failed to control pain; and radiculopathy is not present (by exam, imaging or neuro-testing). The clinical documentation submitted for review failed to provide documentation that medical management therapy, such as ongoing stretching exercises, physical therapy, NSAIDs and muscles relaxants, had failed to control pain. There was a lack of documentation of radicular examination. Additionally, the request as submitted failed to indicate the quantity of injections being requested. The documentation indicated the injured worker had bilateral trigger points with evidence on palpation of referred pain. However, there was a lack of documentation of a twitch response. Given the above, the request for bilateral levator scapular trigger point injection under ultrasound guidance is not medically necessary.