

<b>Case Number:</b>	CM15-0148872		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	03/31/2012
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 38 year old female, who sustained an industrial injury on 3-31-2012. The mechanism of injury is unknown. The injured worker was diagnosed as having status post right carpal tunnel release, right residual carpal tunnel syndrome and mild left carpal tunnel syndrome. Bilateral wrist x rays showed no acute abnormalities. Treatment to date has included therapy and medication management. In a progress note dated 6-4-2015, the injured worker complains of bilateral wrist pain that shoots upper body dressing the right arm, shoulder and right side of the neck. Physical examination showed bilateral wrist tenderness. The treating physician is requesting Depo-medrol injection 1cc 1% Lidocaine to the right cervical spine trigger point.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Depomedrol injection 1cc 1% lidocaine to the right cervical spine trigger point:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck, Methylprednisolone.

**Decision rationale:** The patient presents with pain affecting the cervical spine which radiates into the upper bilateral extremities. The current request is for Depomedrol injection 1cc 1% lidocaine to the right cervical spine trigger point. The treating physician states in the report dated 7/22/15, "Administered 1:1 DepoMedrol to the right c-spine trapezial trigger point. Well tolerated." (61B) The ODG Guidelines state, "Recommended in limited circumstances as noted below for acute radicular pain." In this case, the treating physician has documented an EMG report showing upper extremity impairment and the patient has radicular complaints. The current request is medically necessary.