

<b>Case Number:</b>	CM15-0047470		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	08/03/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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 60-year-old female, who sustained an industrial injury on August 3, 2011. She has reported neck pain, lower back pain, right leg pain, left shoulder pain, and bilateral knee pain. Diagnoses have included cervical discogenic disease with radiculitis, chronic cervical spine sprain/strain, cervical facet arthrosis, and lumbar discogenic disease, history of lumbar spondylolisthesis, chronic lower back pain, left shoulder impingement syndrome, bilateral knee anterior cruciate ligament tears, and cervical spine disc herniation. Treatment to date has included medications, physical therapy, and epidural steroid injection. A progress note dated January 20, 2015 indicates a chief complaint of improved neck pain, lower back pain, right leg pain that improved with injection, left shoulder pain, and bilateral knee pain. The treating physician documented a plan of care that included continuation of physical therapy, referral for bilateral knees, pending epidural, and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Marcaine 3 cc:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints.

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

**Decision rationale:** The patient presents with complaints of neck pain, lower back pain, right leg pain that improved with injection, left shoulder pain and bilateral knee pain. The current request is for Marcaine 3 cc. In the sparse clinical history provided in the treating physician's report dated 3/18/14, the physician notes, "We request authorization for trigger point injection x2 to the cervical spine." In one of the limited more recent treating reports dated 1/20/15 (12C) the treating physician notes, "Toradol 60 mg IM and 3 cc Marcaine." Regarding bupivacaine, MTUS states, "Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended." In this case, the clinical history has failed to document the site for the proposed injection, there is no documentation of any trigger points or any palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Therefore, the current request is not medically necessary and the recommendation is for denial.