

<b>Case Number:</b>	CM15-0083867		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	10/10/2009
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: Maryland

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

### 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 59 year old female who sustained an industrial injury on 10/10/09. The mechanism of injury is unclear. She currently has worsening bilateral 3rd digit trigger finger with significant swelling, making work difficult. On physical exam there was triggering in the right 3rd digit A-1 pulley and to a lesser degree over the left; the lumbar spine exhibits tenderness on palpation over lumbar paraspinal and bilateral gluteal muscles with limited range of motion. Medications are ibuprofen, Norco, Celebrex, Lidoderm patches, Cymbalta. Diagnoses include L5-S1 disc protrusion; left S1 radiculopathy; left lumbar paraspinal strain; left gluteus medius strain; left trochanteric bursitis. Treatments to date include medications; lumbar epidural steroid injection (2/2/11, 9/14/11, 7/17/13) with substantial improvement. Diagnostics include MRI of the lumbar spine (12/2009) showing disc bulge lateralizing to the left impinging the left S1 nerve root. In the progress note dated 3/10/15 the treating provider's plan of care includes a request for steroid injections targeting bilateral trigger fingers.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Steroid injections of the bilateral trigger fingers, QTY: 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, hand-injection.

**Decision rationale:** Steroid injections of the bilateral trigger fingers, QTY: 2 is not medically necessary per the MTUS or the ODG Guidelines. The MTUS states that trigger finger, if significantly symptomatic, is probably best treated with a cortisone/anesthetic injection at first encounter, with hand surgery referral if symptoms persist after two injections by the primary care or occupational medicine provider. The ODG states that steroid injections for trigger finger typically last 12 months. The documentation is not clear on the location of prior trigger finger injections and how many prior injections the patient has received. The 3/10/15 document states that she had several trigger finger injections several months prior. There is another document stating that she had trigger finger injections in 2012. The guidelines recommend referral to a hand specialist when symptoms persist. Without clarification of which fingers were injected in the past and how many total injections the patient has had and the efficacy of each of these injections the additional steroid injections of the bilateral trigger fingers are not medically necessary.