

<b>Case Number:</b>	CM14-0163661		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	07/15/2011
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Occupational Medicine, 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic ankle pain, bilateral hand and wrist pain, and mid back pain reportedly associated with an industrial injury of July 15, 2011. Thus far, the applicant has been treated with the following: Carpal tunnel release surgery; unspecified amounts of physical therapy; and unspecified amounts of aquatic therapy. In a Utilization Review Report dated September 9, 2014, the claims administrator partially approved a request for eight sessions of acupuncture as six sessions of acupuncture and apparently denied a request for trigger point injection therapy. The applicant's attorney subsequently appealed. In a progress note dated March 24, 2014, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of wrist, ankle, mid back, and low back pain with derivative complaints of anxiety and depression. Additional aquatic therapy was sought. In an April 15, 2014 medical-legal evaluation, the applicant was given a 26% whole person impairment rating. Permanent work restrictions were imposed. The applicant was not working with said limitations in place, it was acknowledged. In an August 11, 2014 progress note, the applicant was placed off of work, on total temporary disability. Twelve sessions of acupuncture were sought on a trial basis, along with an injection in the left ankle, a psychiatric consultation, Motrin, and Prilosec. Trigger point injection therapy was apparently endorsed. The applicant was given diagnoses which included de Quervain's tenosynovitis, neck pain radiating to the hands, paresthesias about the hands, numbness about the fingers, and residual carpal tunnel syndrome with anxiety and depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injection to the left ankle:** 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 topic Page(s): 122.

**Decision rationale:** While page 122 of the MTUS Chronic Pain Medical Treatment Guidelines does note that trigger point injections are recommended in the treatment of myofascial pain syndrome, page 122 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies the recommendation by noting that trigger point injections have limited lasting value and further notes that trigger point injections are not recommended in the treatment of radicular pain. In this case, the applicant does have ongoing complaints of neck pain radiating to the hands, coupled with paresthesias and dysesthesias about the hands and wrists. The applicant has been given various diagnoses, including carpal tunnel syndrome, cervical radiculopathy, multifocal pain syndrome, and/or pain secondary to anxiety and depression. It does not appear, in short, that the applicant in fact has as a bona fide diagnosis of myofascial pain syndrome for which trigger point injection therapy would be indicated. Therefore, the request for Trigger Point Injection to the left ankle is not medically necessary.

**Acupuncture twice a week for four weeks for the bilateral hands and wrists, the left ankle, and the thoracic spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** As noted in MTUS 9792.24.1.c.1, the time deemed necessary to produce functional improvement following introduction of Acupuncture is "three to six" treatments. In this case, thus, the request, as written, for initial acupuncture does represent treatment in excess of MTUS parameters. The attending provider's progress note did not include any rationale which would support treatment in excess of MTUS parameters. Therefore, the request for Eight Sessions of Acupuncture is not medically necessary.