

<b>Case Number:</b>	CM14-0216049		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	06/12/2011
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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  
 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 sustained a work related injury on June 12, 2011, injuring the wrists while lifting a patient, developing acute onset of pain, swelling, numbness, and color change in the right wrists and hand, diagnosed with Reflex Sympathetic Dystrophy or Complex Regional Pain Syndrome (CRPS). On November 6, 2014, the injured worker received anterior scalene and middle scalene muscle block/injections under ultrasound guidance with needle EMG. On November 13, 2014, the injured worker received stellate ganglion/sympathetic block under fluoroscopy. The injured worker's conservative treatments were noted to have included physical therapy, and oral and topical medications. A Physician visit dated December 2, 2014, noted the injured worker with cervical pain and upper extremity pain. Physical examination was noted to show cervicobrachial muscle spasms in the left upper trapezius, a positive Adson's maneuver on the right, and limited mobility. The injured worker reported near complete resolution of the right upper extremity symptoms after the scalene block and mild to moderate benefit from the stellate ganglion block. The Physician noted the injured worker with a left trapezius spasm with trigger point and twitch response, and signs and symptoms consistent with neurovascular compression syndrome arising from the level of the plexus/thoracic outlet, with recommendation for scalene Botox injection under ultrasound and EMG guidance. The Physician noted the technique/procedure potentially therapeutic, indicated given the injured workers continued symptoms and lack of significant improvement or ability to adequately manage symptoms with conservative treatments to date. The Physician requested authorization for ultrasound guided trigger point injection (TPI), left trapezius, and a right scalene Botox injection. On December 19,

2014, Utilization Review evaluated the request for ultrasound guided trigger point injection (TPI), left trapezius, and a right scalene Botox injection citing the MTUS Chronic Pain Medical Treatment Guidelines, and the Official Disability Guidelines (ODG), Shoulder Chapter. The UR Physician noted the provider had documented spasm but not a trigger point present for three months, or that conservative treatment had been trialed, therefore the request for ultrasound guided trigger point injection (TPI), left trapezius, was not certified. The UR Physician noted that the recent report indicated near full relief from the last injection, but did not include objective information or examination information to support this injection, therefore, the right scalene Botox injection was not certified. The decisions were subsequently appealed to Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**U/S guided TPI, left trapezius:** Upheld

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

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

**Decision rationale:** This patient presents with cervical pain and upper extremity pain. The current request is for U/S-guided TPI, left trapezius. The MTUS Guidelines page 122 under the chronic pain section has the following regarding trigger point injections, “Recommended only for myofascial pain syndrome and limited lasting value, not recommended for radicular pain.” The MTUS Guidelines further states that all criteria need to be met including documentation of trigger points (circumscribed trigger points with evidence upon palpation of twitch response as well as referred pain), symptoms persist for more than 3 months, medical management therapy, radiculopathy is not present, no repeat injections unless a greater than 50% relief is obtained for 6 weeks, etc. In this case, examination revealed cervical brachial muscle spasms and positive Adson maneuver on the right. There was no evidence of “twitch response” or taut bands as required by MTUS for trigger point injections. The requested trigger point injection IS NOT medically necessary.

**Right scalene botox injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Anterior scalene block; Nerve blocks; Botulinum toxin

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 25-26.

**Decision rationale:** The patient presents with chronic cervical pain and upper extremity pain. The current request is for right scalene Botox injection. The treating physician states that the

patient is a candidate for scalene Botox injection on the right as she “has signs and symptoms consistent with neurovascular compression syndrome arising from the level of the plexus/thoracic outlet.” The MTUS Guidelines pages 25-26, chronic pain medical treatment guidelines: Botulinum toxin (Botox; Myobloc) not recommended for the following: Tension-type headaches; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; and trigger point injections. Not generally recommended for chronic pain disorders, but recommended for cervical dystonia. In this case, the MTUS Guidelines does not support Botox injections for neck pain, myofascial pain, and trigger point injections. The request does not meet guideline indications, therefore, IS NOT medically necessary.