

<b>Case Number:</b>	CM15-0010988		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	01/09/2009
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 44 year old female, who sustained an industrial injury on January 9, 2009, struck by a forklift and pinned between the forklift and tower of mushrooms on the wall. She has reported immediate pain in the neck, shoulder, and left hand. The diagnoses have included severe anemia, depression, anxiety, left cervical radiculopathy, left biceps tenosynovitis, De Quervain's tenosynovitis, cervical myofascial strain, thoracic myofascial strain, and cervicgia. Treatment to date has included physical therapy, chiropractic treatments, heat, home exercises, and medications. Currently, the injured worker complains of pins and needles, burning, and numbness and tingling in the left side of her neck that radiates into the left arm into the first and second digits, and along the left shoulder blade, noting the symptoms worsening. The Physician's report dated November 25, 2014, noted areas of tenderness to palpation included extensor pollicis brevis, abductor pollicis longus, left biceps origin, and cervical/thoracic/lumbar structures. Hypertonicity was noted in the right rhomboids, thoracic paraspinals T2-T8 bilaterally, and bilateral Trapezii with noted twitch response. On January 15, 2015, Utilization Review non-certified trigger point injections times three (3) per trapezil and three (3) per right rhomboids, sixteen (16) acupuncture visits (2x8), CM3-Ketoprofen Cream 20%, and a repeat MRI cervical spine. The UR Physician noted the injured worker had been certified for acupuncture treatments, and pending the completion and response to acupuncture, the request for trigger point injections times three (3) per trapezil and three (3) per right rhombus were not appropriate at that time and were non-certified, citing the MTUS Chronic Pain Medical Treatment Guidelines. The UR Physician noted an initial trial of four visits was supported by

guidelines, therefore the request for sixteen (16) acupuncture visits (2x8) was modified for partial certification of four visits (2x2), citing the MTUS Acupuncture Medical Treatment Guidelines. The UR Physician noted that Ketoprofen was not FDA approved for a topical application, therefore the request for CM3-Ketoprofen Cream 20% was non-certified, citing the MTUS Chronic Pain Medical Treatment Guidelines. The UR Physician noted the injured worker had completed an MRI two and a half years previously, with a pattern EMG certified at that time, and that pending the results of that test, an MRI was not indicated, therefore the request for a repeat MRI cervical spine was non-certified, citing the MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines. On January 20, 2015, the injured worker submitted an application for IMR for review of trigger point injections times three (3) per trapezil and three (3) per right rhomboids, sixteen (16) acupuncture visits (2x8), CM3-Ketoprofen Cream 20%, and a repeat MRI cervical spine.

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

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

**Trigger point injections times three (3) per trapezil and three (3) per right rhomboids:**  
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:** With regard to trigger point injections, the MTUS CPMTG states: Recommended only for myofascial pain syndrome as indicated below, with limited lasting value." "Criteria for the use of Trigger point injections: Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. (Colorado, 2002) (BlueCross BlueShield, 2004)"The guidelines require assessment of benefit prior to repeat injections being performed. As the request is for a series of injections, the request is not medically necessary.

**Sixteen (16) acupuncture visits (2 x 8):** Upheld

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

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

**Decision rationale:** Per Acupuncture Medical Treatment Guidelines p9, "(c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows:(1) Time to produce functional improvement: 3 to 6 treatments.(2) Frequency: 1 to 3 times per week.(3) Optimum duration: 1 to 2 months.(d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20" As the request is in excess of the trial number of sessions, medical necessity cannot be affirmed.

**CM3-Ketoprofen cream 20%:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** With regard to topical NSAIDs, MTUS states "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." The documentation submitted for review support the use of this medication as the structure of the AC joint lends itself to topical treatment. She also has a history of upper GI distress with systemic NSAIDs and severe anemia. I respectfully disagree with the UR physician's assertion that there is no medical necessity support from the guidelines for topical NSAIDs.

**Repeat MRI cervical spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

**Decision rationale:** ACOEM guidelines support ordering of imaging studies for emergence of red flags, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with

neck or arm symptoms, or both, lasting more than three or four weeks.3/17/14 [REDACTED] recommended a repeat MRI C/S to potentially guide procedural/surgical management. Multiple providers document left sided cervical radiculitis vs radiculopathy and possibly neuropathic pain. On 11/25/14, [REDACTED] documented left sided 4/5 elbow flexion, which was a new finding, and worsened pain (possibly neuropathic). As there is evidence of progressive cervical radiculopathy potentially guiding procedural management, and the previous MRI C/S was over 2 years prior, request is medically necessary.