

<b>Case Number:</b>	CM15-0099707		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	02/09/2010
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/25/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 41-year-old female, who sustained an industrial injury on 2/09/2010. Diagnoses include neck pain, thumb pain, hand pain, history of numbness and tingling in hands and feet, cervical spasm, left thumb pain, carpal tunnel syndrome, peripheral neuropathy and bilateral ankle pain. Treatment to date has included physical therapy, splinting of the wrists and medications. EMG (electromyography)/NCS (nerve conduction studies) dated 10/06/2014 revealed mild sensory carpal tunnel syndrome bilaterally and mild ulnar entrapment. Per the Primary Treating Physician's Progress Report dated 3/27/2015, the injured worker reported for follow up of neck injection and prescriptions. She complains of continual pain in both wrists. She also reports neck and left shoulder pain rated as 7/10 and carpal tunnel radiating to the elbows and affecting the neck pain. Physical examination revealed positive Phalen's and Tinel's tests. Sensation was diminished to pinprick in both upper and lower extremities. The plan of care included physical therapy, medications, wrist splints, and injections. Authorization was requested for one occipital/trigger point injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occipital/trigger point injection:** Upheld

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

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

**Decision rationale:** 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. The treating physician has not provided clinical evidence of "circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain". While symptoms appear to have been present for greater than three months, it is documented that conservative therapy was successful in reducing pain. The medical notes do not specify the number of injections that the patient will receive per session or the interval. The number of injections is required to determine if MTUS guidelines are met. As such, the request for Occipital/trigger point injection is not medically necessary.

**Trigger point injection to the bilateral wrist/elbow once a month for 3 months: Upheld**

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

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

**Decision rationale:** MTUS states that Trigger Point Injections are "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain." And further states that "trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band . . . For fibromyalgia syndrome, trigger points injections have not been proven effective." MTUS lists the criteria for Trigger Points: (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. The treating physician has not provided clinical evidence of "circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain". While symptoms appear to have been present for greater than three

months, guidelines do not recommend the use of trigger point injections for elbow and wrist complaints. As such, the request for Trigger point injection to the bilateral wrist/elbow once a month for 3 months is not medically necessary.