

Case Number:	CM13-0058400		
Date Assigned:	12/30/2013	Date of Injury:	04/05/2012
Decision Date:	03/21/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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 patient is a 33 year-old male with a 4/5/2012 industrial injury claim. The mechanism of onset is gradual onset cumulative trauma. In 2011 he started developing pain in his elbows, then in 2012 started having back pain followed by neck pain, shoulder pain and left leg pain. He discontinued work on 5/8/12. He has been diagnosed with myofascial pain syndrome, cervical and lumbar strains and bilateral lateral epicondylitis. There is a 10/24/13 appeal letter from ■■■■■ disputing the TPI denial from a 10/22/13 utilization review letter. According to the provided IMR application, the TPI to the right lateral epicondyle were again denied on 11/5/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines, Pain chapter, Insomnia treatment

Decision rationale: The patient presents with gradual onset of chronic neck, back and elbow pain. On 10/15/13 [REDACTED] first recommended Lunesta. This medication is indicated for problems with sleep latency and sleep maintenance. The 10/15/13 medical report does not discuss any sleep problems or insomnia. The prior report is dated 9/13/13, and there is no mention of sleep problems. ODG guidelines state that "Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance" The reporting does not mention sleep disturbance and does not evaluate potential causes. The request is not in accordance with ODG guidelines.

MRI bilateral elbows: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34.

Decision rationale: There is no indication that an imaging study will change the treatment plan, as the only exam finding is palpatory tenderness. There is no emergence of a red flag. There is failure to progress in a rehab program, but no evidence of significant tissue insult or neurological dysfunction that has been shown to be correctable by invasive treatment. There is limitation of activity after 4 weeks, but no unexplained physical findings such as effusion or localized pain following exercise. The request is not in accordance with the MTUS/ACOEM topic guidelines.

Trigger point injections x 4 to the right lateral epicondyle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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

Decision rationale: According to the 10/24/13 appeal/supplemental report from [REDACTED], the utilization review physician did not carefully read the 10/15/13 report. On reviewing the 10/15/13 report, it is handwritten, and difficult, but not impossible to read. The patient continued to have pain in bilateral elbows with some numbness in the bilateral hands. There is anxiety. The low back pain goes to the buttocks, but no numbness of the legs. Bilateral epicondyle tenderness, positive cervical facet maneuver. A request was made for bilateral elbow MRI to rule out tear. He was given 4 TPI to the right elbow. There is no mention of trigger points on examination of the right lateral epicondyle on the 10/15/13 report. The California MTUS criteria for TPI states: "Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain". The California MTUS criterion for trigger point injections has not been met.