

Case Number:	CM14-0064186		
Date Assigned:	07/11/2014	Date of Injury:	10/01/2000
Decision Date:	09/12/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/07/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 46-year-old female with a 10/1/00 date of injury. The mechanism of injury was not noted. According to a progress report dated 4/16/14, the patient complained of severe pains in the right elbow despite using an elbow brace. She has an appointment with a surgeon for lumbar fusion surgery. She continued to have severe low back pain that was worsened from standing too long. She complained of ongoing right knee pain, with grinding and popping sensation sometimes. Objective findings: cervical spine limitations in ROM; mild tenderness to palpation over the bilateral cervical paraspinal muscles, superior trapezius, levator scapula, and rhomboid musculature; restricted lumbar ROM; severe tenderness to palpation over the lumbar paraspinal muscles; decreased sensation to light touch and pinprick in the left C6, C7 dermatomal distribution and left L5 and S1 dermatomal distribution; examination of right elbow revealed marked tenderness over/near medial epicondyle and tendons near olecranon process. Treatment to date: medication management, activity modification. A UR decision dated 4/24/14 denied the request for trigger point injection to the right elbow. There was not documentation of circumscribed trigger points or evidence of a twitch response or referred pain. Furthermore, regarding conservative treatment, the patient is noted to have been prescribed medications. However, there is no indication of exercise therapies or formal physical therapy that the patient has failed prior to the consideration for trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection to right elbow: Upheld

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

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

Decision rationale: MTUS criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; medical management therapies have failed; radiculopathy is not present; and no more than 3-4 injections per session. Additionally, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. There is no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, there is no documentation that the patient has had right elbow pain for a prolonged period. There is no documentation of elbow pain according to the previous visits dated 2/18/14 and 1/21/14. Furthermore, there is documentation that the patient has failed conservative therapy, however, it is not noted what types of therapy the patient has tried. There is no documentation that the patient has had a trial of physical therapy. Therefore, the request for a Trigger Point Injection to Right Elbow is not medically necessary.