

Case Number:	CM14-0068092		
Date Assigned:	07/11/2014	Date of Injury:	04/13/2013
Decision Date:	08/13/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/12/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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:

The injured worker is a 39-year-old male who reported an injury on 04/13/2013. The mechanism of injury was noted to be a fall. His prior treatments included physical therapy, acupuncture therapy, and medications. The diagnoses included right elbow sprain/strain, right elbow severe lateral epicondylitis, and right elbow radial collateral ligament partial tear. The injured worker had a clinical evaluation on 04/29/2014. He complained of right elbow pain, rating it moderate and intermittent. He noted the pain was caused with lifting and bending of his arm and he also noted increased pain when pulling or pushing. The physical examination did not provide an evaluation of the right elbow. The treatment plan includes oral medications and topical compound medications. The provider's rationale for the request was not provided within the documentation. A request for authorization for medical treatment was provided and dated 04/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Elbow Trigger Point Injection In 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: The request for right elbow trigger point injection in lateral epicondyle is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend trigger point injections only for myofascial pain syndrome. Trigger point injections are not recommended for radicular pain. Trigger point injections with anesthetics such as bupivacaine are recommended for nonresolving trigger points, but the addition of a corticosteroid is not generally recommended. The most recent clinical evaluation submitted for review does not document a circumscribed trigger point with evidence upon palpation of a twitch response as well as referred pain. The documentation does not provide symptoms that have persisted for more than 3 months. Medical management therapies such as ongoing stretching exercises, physical therapy, and NSAIDs and muscle relaxants must have failed to control pain before meeting criteria for trigger point injection. Due to a lack of documentation to support the criteria needed under the Guidelines for a trigger point injection and due to the lack of diagnosis of myofascial pain syndrome, a trigger point injection is not medically necessary. Therefore, the request for right elbow trigger point injection in lateral epicondyle is not medically necessary.