

Case Number:	CM14-0087600		
Date Assigned:	07/23/2014	Date of Injury:	03/16/2010
Decision Date:	09/18/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/11/2014

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 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 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 60-year-old male who reported an injury on 03/16/2010. The injured worker has a diagnosis of elbow pain, elbow osteoarthritis. The injured worker's past medical treatment consists of aquatic therapy, physical therapy, acupuncture, elbow injections, and medication therapy. Medications include Doxepin 10 mg 1 capsule at bedtime, Kadian 50 mg 1 capsule at bedtime, Lidoderm 5% topical 1 patch 12 hours on 12 hours off, Lunesta 3 mg 1 tablet at bedtime, Norco 10/325 1 tablet every 4 hours, OxyContin 20 mg 1 tablet every 8 hours, oxycodone 15 mg 1 tablet every six hours. A urinary drug screen was submitted on 02/12/2013, revealing that the injured worker was in compliance with their prescription medications. The injured worker underwent left elbow surgery. The injured worker complained of left elbow pain. He stated that he would like another injection. The one he had in 04/2103 really helped him. There were no measurable pain levels documented. The physical examination dated 11/11/2013 of the left elbow revealed tenderness to palpation. There were signs of crepitus in the left elbow. Range of motion was restricted due to pain with abduction and adduction. The treatment plan is for the injured worker to undergo an additional left elbow injection. Section 10: The rationale of the provider felt the injured worker benefitted from the last elbow injection. The request for authorization form was submitted on 01/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT ELBOW INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for LEFT ELBOW INJECTION is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) recommends trigger point injections for myofascial pain syndrome and states that they are not recommended for radicular pain. Criteria for use of Trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); and repeat injections are not warranted unless a greater than 50% pain relief is obtained for six weeks after a previous injection and there is documented evidence of functional improvement. Additionally they indicate that the frequency should not be at an interval less than two months. The report lacked any documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The submitted report also lacked any evidence of ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants. In the submitted report, there was no evidence or documentation of the injured worker having such myofascial pain syndrome. Furthermore, the submitted report revealed that the injured worker had previous elbow injections, but it was not noted the percentage of pain relief the injured worker felt with the injection. In addition, the request as submitted did not specify how many injections the provider was requesting. As, the request for left elbow injection is not medically necessary.