

<b>Case Number:</b>	CM15-0132302		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	07/01/2009
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 48 year old female who reported an industrial injury on 7/1/2009. Her diagnoses, and or impressions, were noted to include: chronic myofascial pain syndrome; cervical strain with chronic pain; and chronic right lateral epicondylitis. No current electrodiagnostic or imaging studies were noted. Her treatments were noted to include trigger point injection therapy (2/2015) - effective; medication management; and restricted work duties. The progress notes of 3/19/2015 reported complaints which included persistent right elbow pain, with some numbness. Objective findings were noted to include tenderness of the right lateral epicondyle, with right trapezius spasms, with decreased sensation and strength; and that the previous trigger point injections to the right epicondyle, on 2/18/2015, provided 50% improvement for well over 2 months. The physician's requests for treatments were noted to include additional trigger point injections to the right lateral epicondyle, under ultrasound.

### 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 lateral epicondyle using 4cc 1% Lidocaine with ultrasound, quantity: 4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point injection, page 122.

**Decision rationale:** The goal of TPIs is to facilitate progress in PT and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain nor were there any functional benefit from multiple previous injections. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, exam findings identified possible radicular signs with trapezial spasm and decreased sensation and strength, which are medically contraindicated for TPI's criteria. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The Trigger point injection to right lateral epicondyle using 4cc 1% Lidocaine with ultrasound, quantity: 4 is not medically necessary or appropriate.