

Case Number:	CM15-0143246		
Date Assigned:	08/04/2015	Date of Injury:	06/20/2014
Decision Date:	09/01/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/23/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 57 year old female, who reported an industrial injury on 6-20-2014. Her diagnoses, and or impression, were noted to include: chronic myofascial pain; chronic right lateral epicondylitis, elbow pain; and resolving right thumb crush injury with chronic right thumb pain. Recent electrodiagnostic studies were noted on 2-18-2015; no current imaging studies were noted. Her treatments were noted to include rest; ice and heat therapy; physical therapy; stretching exercises; Kenalog injection therapy; medication management; and modified work duties. The progress notes of 5-15-2015 reported that she still had on and off pains in the right wrist, right lateral epicondyle, with some numbness in the right hand, and pain I the right thumb for which medications were helpful. Objective findings were noted to include positive right wrist and right lateral epicondyle tenderness; decreased sensation the right hand and right lateral epicondyle; and decreased strength in the right thumb and right elbow. The physician's requests for treatments were noted to include "TPI" injections to the right lateral epicondyle, and a urine screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections x 4 for right lateral: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Trigger point injections.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, trigger point injections times for to the right lateral epicondyle are not medically necessary. Trigger point injections are not recommended in the absence of myofascial pain syndrome. The effectiveness of trigger point injections is uncertain, in part due to the difficulty of demonstrating advantages of active medication over injection of saline. Needling alone may be responsible for some of the therapeutic response. The only indication with some positive data is myofascial pain; may be appropriate when myofascial trigger points are present on examination. Trigger points are not recommended when there are radicular signs, but they may be used for cervicgia. The criteria for use of trigger point injections include circumscribed trigger points with evidence upon palpation of a twitch response; symptoms greater than three months; medical management therapies have failed to control pain; radiculopathy is not present; no more than three - four injections per session; no repeat injections unless a greater than 50% pain relief with reduced medication use is obtained for six weeks after injection and there is documented evidence of functional improvement; there should be evidence of ongoing conservative treatment including home exercise and stretching. Its use as a sole treatment is not recommended. TPIs are considered an adjunct, not a primary treatment. See the guidelines for additional details. In this case, the injured worker's working diagnoses are chronic myofascial pain syndrome; right lateral epicondylitis; and right thumb pain. The date of injury is June 20, 2014. The request for authorization is June 9, 2015. According to a handwritten, largely illegible June 9, 2015 progress note, subjectively the worker complains of left wrist pain and lateral epicondyle pain. Objectively, there is tenderness to palpation over the right lateral epicondyle. There are no trigger points documented on physical examination. The documentation indicates there is objective tenderness over the right lateral at the condyle. The documentation does not include well circumscribed trigger points with evidence of a twitch response for greater than three months. There is no documentation of prior trigger point injections. Consequently, absent objective clinical documentation of trigger points on physical examination, trigger point injections times for to the right lateral epicondyle are not medically necessary.

Urine drug screen: 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 Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug testing is not medically necessary. Urine drug testing is

recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances for busy were not can, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are chronic myofascial pain syndrome; right lateral epicondylitis; and right thumb pain. The date of injury is June 20, 2014. The request for authorization is June 9, 2015. According to a handwritten, largely illegible June 9, 2015 progress note, subjectively the worker complains of left wrist pain and lateral epicondyle pain. Objectively, there is tenderness to palpation over the right lateral epicondyle. There are no trigger points documented on physical examination. The documentation indicates there is objective tenderness over the right lateral at the condyle. Medications include naproxen, Flexeril, Neurontin and omeprazole. There were no opiates documented in the medical record. There is no documentation indicating aberrant drug-related behavior, drug misuse or abuse. There is no clinical indication or rationale for urine drug toxicology screen. Consequently, absent clinical documentation with aberrant drug-related behavior, drug misuse and abuse and a clinical indication and rationale for a urine drug toxicology screen, urine drug testing is not medically necessary.