

Case Number:	CM15-0143766		
Date Assigned:	08/05/2015	Date of Injury:	06/10/2002
Decision Date:	09/03/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/24/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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:

The injured worker is a 50 year old female, who sustained an industrial injury on June 10, 2002. She reported pain in her left elbow with radiation of pain to the right shoulder. She was diagnosed with tendinitis in the elbow and shoulder and carpal tunnel syndrome of the wrist. Treatment to date has included physical therapy, epidural steroid injections, EMG, scalene injection, and medications. Currently, the injured worker complains of pain in the bilateral right shoulder, bilateral right elbow, bilateral right wrist, bilateral left wrist, posterior neck, left shoulder and left elbow. She reported constant bilateral left wrist pain which she rated an 8 on a 10-point scale. She described the pain a moderate-to-severe and noted that her entire left hand is numbness. Her left wrist pain is described as aching, dull, sharp, stabbing and throbbing and occurs most often in the afternoon, the evening, the night, the morning, and after activities. Her left wrist pain radiates to the left fingers. She notes that her left wrist pain is relieved with lying down and medications. She has increased sensitivity, weakness, numbness and tingling in the lateral three fingers of the left hand. On physical examination the injured worker has diminished range of motion of the left wrists with moderate pain elicited with range of motion. She has 3+ tenderness on the mid volar aspect of the left wrist. She has trigger points with jump reflex and radiation of pain. She has a positive Phalen's test with associated numbness and tingling. She has positive Tinel's sign on the left. The diagnoses associated with the request include carpal tunnel syndrome - median nerve compression on the left. The treatment plan includes trigger point injections to the left wrist, outpatient evaluation and management, and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office/Outpatient Evaluation & Management (E&M) Estab Mod-Hi: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Official Medical Fee Schedule.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Due to the nature of the request, there are no guidelines that can be reviewed for the current request.

Decision rationale: MTUS treatment guidelines are silent with regards to the above request. Due to the nature of the request, there are no guidelines that can be reviewed for the current request. The request for an E&M service is noted to be elsewhere in the labor code by the California Official Medical Fee Schedule, per review. Therefore, E&M service is not indicated as a medical necessity to the patient at this time.

Trigger point injection, Left Wrist, Qty 1: 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 injections 122-123.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Trigger point injections. MTUS guidelines state the following: Trigger point injections; Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Criteria for the use of Trigger point injections: Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. The patient has a diagnosis of CTS, but this is not the requested injection. The patient has not met these above criteria for an injection. According to the clinical documentation provided and current MTUS guidelines; Trigger point injections are not indicated as a medical necessity to the patient at this time.