

<b>Case Number:</b>	CM15-0191511		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	01/07/2009
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: Florida

Certification(s)/Specialty: Neurology, Pain Management

### 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 41 year old female with an industrial injury date of 01-07-2009. Medical record review indicates she is being treated for myofascial pain syndrome, repetitive strain injury bilateral upper extremities and lateral epicondylitis bilateral. Subjective complaints (09-01-2015) included increased numbness of the left hand. The treating physician indicated the injured worker was taking medication with benefit and was doing home exercise program 1-2 times a week. "Patient working full duty." Her medications included Naprosyn, Omeprazole, Flexeril, Neurontin and Lidopro. Prior treatments included trigger point injections and medications. Objective findings (09-01-2015) included positive Tinel's sign of left wrist with normal range of motion of left wrist and bilateral elbows. Tenderness and acute spasms of bilateral wrists was noted. The treating physician documented 4 trigger point injections to the right lateral epicondyles were given at the 09-01-2015 visit. The progress note (09-01-2015) is difficult to decipher. On 09-14-2015 the request for the following treatments was non-certified by utilization review: Retrospective: Trigger point injections (TPI) x four (4) to right lateral epicondyle area (DOS 9/1/15); Retrospective purchase of Transcutaneous electrical nerve stimulation (TENS) electrodes 2 pair x 2 = #4 (DOS 9/1/15).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective purchase of Transcutaneous electrical nerve stimulation (TENS) electrodes 2 pair x 2 = #4 (DOS 9/1/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The available medical records support a condition of pain lasting greater than 3 months not helped by medication, injections, or physical therapy. MTUS guidelines support 1 month TENS trial but not purchase of TENS. As the medical records do not reflect TENS trial or functional outcome from TENS trial, TENS unit is not supported on permanent basis.

**Retrospective: Trigger point injections (TPI) x four (4) to right lateral epicondyle area (DOS 9/1/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, and trigger point injections.

**Decision rationale:** The medical records do not report the presence of trigger points with demonstrated twitch response. ODG guidelines support trigger point injections are not recommended in the absence of myofascial pain syndrome. See the Pain Chapter for Criteria for the use of Trigger point injections. The effectiveness of trigger point injection 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. As the medical records do not demonstrate trigger points on exam not responsive to other conservative treatment, ODG guidelines do not support trigger point injections times four to right lateral epicondyle area in this case.