

Case Number:	CM15-0031525		
Date Assigned:	02/24/2015	Date of Injury:	11/02/2011
Decision Date:	04/08/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/19/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 62-year-old [REDACTED] employee who has filed a claim for chronic elbow pain reportedly associated with an industrial injury of November 2, 2011. In a Utilization Review Report dated January 20, 2015, the claims administrator failed to approve requests for trigger point injections to the medial epicondyle and eight sessions of acupuncture. The claims administrator referenced a January 13, 2015 progress note in its determination. On January 13, 2015, the applicant reported ongoing complaints of elbow pain. The applicant was given refills of Prilosec, Flexeril, Neurontin, and Motrin. Four trigger point injections were performed under ultrasound guidance. A rather proscriptive 15-pound lifting limitation was endorsed, along with what appeared to be request for additional acupuncture. Large portions of the progress note were difficult to follow and not entirely legible. It was not clearly stated whether the applicant was or was not working with said 15-pound limitation in place, although this did not appear to be the case. On February 2, 2015, the applicant's treating acupuncturist noted that the applicant had had eight recent sessions of acupuncture between December 2014 and January 2015. Additional acupuncture was sought. Once again, the applicant's work status was not outlined. On November 20, 2014, the applicant was again given the same, unchanged 15-pound lifting limitation. The applicant was not working, it was acknowledged. One of the stated diagnoses included myofascial pain syndrome. On August 6, 2015, the applicant received four previous trigger point injections. It was again acknowledged that the applicant was not working. The same, unchanged, 15-pound lifting limitation was renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections to the right medial epicondyle QTY 4: Upheld

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

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

Decision rationale: No, the already-performed four trigger point injections at the medial epicondyle were not medically necessary, medically appropriate, or indicated here. As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat trigger point injections should be predicated on evidence of functional improvement with earlier blocks. Here, however, the applicant had had multiple prior trigger point injections over the course of the claim. The applicant consistently failed to demonstrate functional improvement despite receipt of the same. The applicant remained off of work. A rather proscriptive 15-pound lifting limitation remained in place, seemingly unchanged, from visit to visit. The applicant remained dependent on various and sundry analgesic and adjuvant medications, including Motrin, Neurontin, Flexeril, etc. All of foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of multiple sets of earlier trigger point injections. Therefore, the request was not medically necessary.

8 Acupuncture visits: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Similarly, the request for eight sessions of acupuncture was likewise not medically necessary, medically appropriate, or indicated here. As with the preceding request, the request for acupuncture represents a request for an extension of previously performed acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.d acknowledged that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f, in this case, however, there was no such evidence of functional improvement as defined in section 9792.20f, despite receipt of earlier unspecified amounts of acupuncture over the course of the claim, including eight recent treatments in late 2014 and early 2015 alone. The applicant remained off of work. A rather proscriptive 15-pound lifting limitation was renewed, seemingly unchanged, from visit to visit. The applicant remained dependent on various analgesic and adjuvant medications, including Neurontin, Motrin, Flexeril, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier prior acupuncture treatment. Therefore, the request for additional acupuncture was not medically necessary.