

Case Number:	CM15-0054757		
Date Assigned:	03/30/2015	Date of Injury:	02/20/2013
Decision Date:	05/15/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/23/2015

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:

The injured worker is a 55-year-old female who reported injury on 02/20/2013. The mechanism of injury was not provided. Prior therapies include physical therapy, chiropractic care, and a TENS unit, as well as pain medications. The documentation indicated the injured worker underwent epidural steroid injections and nerve blocks and injection. The injured worker trialed Norco and ibuprofen. The injured worker had left shoulder surgery in 10/2013. The injured worker had an elbow MRI on 03/18/2014, which revealed medial epicondylitis and a mild strain of the distal biceps muscle. The documentation of 03/02/2015 revealed the injured worker's pain was 7/10 on a good day, and on a bad day 9/10. The injured worker's current medications were noted to include tramadol hydrochloride 50 mg 1 three times a day as needed for pain, trazodone HCl 50 mg 1 by mouth at bedtime, ibuprofen 800 mg 1 three times a day as needed, and Zorvolex 35 mg 1 by mouth 2 times a day. The injured worker denied nausea, vomiting, diarrhea, or constipation. The physical examination revealed the injured worker had a normal cervical, thoracic, and lumbosacral examination. There was no tenderness to palpation. The strength was decreased in the left upper extremity. There was no paraspinal muscle spasm. The injured worker had tenderness to palpation over the medial epicondyle and decreased range of motion and pain with flexion of the left wrist. The treatment plan included physical therapy and trigger point injection as well as Zorvolex 35 mg 1 by mouth 2 times a day, tramadol hydrochloride 50 mg 1 by mouth 3 times a day as needed for pain, and ibuprofen 800 mg 1 by mouth 3 times a day, as well as a Medrol Dosepak to use as directed. The diagnoses included arthralgia of shoulder, reflex sympathetic dystrophy of the upper limb, other affections of

shoulder region NEC, unspecified disorders of bursae and tendons of shoulder region, and osteoarthritis shoulder. The documentation indicated the injured worker's medications allowed her to perform activities of daily living. The request was made for physical therapy to provide pain relief and improve function and overall quality of life. The request was made for an ultrasound guided medial epicondyle trigger point injection. There was a Request for Authorization submitted for review dated 03/04/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial epicondyle ultrasound guided trigger point injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 121, 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Ultrasound, Diagnostic.

Decision rationale: The California Medical Treatment Utilization Schedule recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. Criteria for the use of trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than 3 months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro testing). The clinical documentation submitted for review failed to provide the injured worker had circumscribed trigger points with evidence upon palpation of a twitch response and referred pain. There was a lack of documentation indicating medical management therapies such as ongoing stretching, physical therapy, NSAIDs, and muscle relaxants failed to control pain. There was a lack of documentation indicating the injured worker did or did not have radiculopathy. The referenced guidelines do not address ultrasound guidance for injections. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that ultrasound guidance significantly improved the accuracy of joint injection, allowing a trainee to rapidly achieve higher accuracy than more experienced rheumatologists. The ultrasound did not improve the short term outcome of injections. The clinical documentation submitted for review failed to provide a rationale for the requested ultrasound guidance. Additionally, there was a lack of documentation that prior treatments had failed. There was a lack of documentation of evidence upon palpation of a twitch response and referred pain. Additionally, the request as submitted failed to indicate the specific quantity of injections being requested. Given the above, the request for Medial epicondyle ultrasound guided trigger point injections is not medically necessary.

Zorvolex 35mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Zorvolex.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDS are recommended for short-term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to indicate the injured worker had objective functional improvement and an objective decrease in pain. There was a lack of documentation indicating a necessity for both ibuprofen and Zorvolex. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Zorvolex 35mg #60 is not medically necessary.

12 physical therapy treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine treatment for up to 10 visits for myalgia, myositis, and radiculitis. The clinical documentation submitted for review failed to provide documentation of objective functional deficits. There was a lack of documentation indicating the quantity of sessions previously attended and the objective functional benefit that was received. The request as submitted failed to indicate the specific body part to be treated. Given the above, the request for 12 physical therapy treatments is not medically necessary.

Medrol (PAK) 4mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Oral corticosteroids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Oral Corticosteroids.

Decision rationale: The Official Disability Guidelines indicate that oral corticosteroids are not recommended for chronic pain. The clinical documentation submitted for review failed to provide a documented rationale for the oral corticosteroid. The request as submitted failed to

indicate the frequency and the quantity. Given the above, the request for Medrol (PAK) 4mg is not medically necessary.