

Case Number:	CM15-0057082		
Date Assigned:	04/01/2015	Date of Injury:	12/03/2011
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/25/2015

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:

The injured worker is a 46 year old male who sustained a work related injury on December 3, 2011, incurring right forearm strain, right wrist and right hand strains, contusions and abrasions after a falling tree branch fell and hit his right arm. Treatments included physical therapy, cortisone injections, and pain management. He was diagnosed with a sprained elbow and forearm, lateral right epicondylitis, injury to the radial nerve, myalgia and myositis. Currently, the injured worker complained of constant burning and numbness in the right arm. The treatment plan that was requested for authorization included trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections x 2: Upheld

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

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 2 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 cervicalgia. 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 sprain elbow/forearm; lateral epicondylitis right; injury radial nerve; and myalgic and myositis. A progress note dated the February 16, 2015, subjectively, states the injured worker has tried physical therapy and cortisone injections. The documentation does not indicate where the injections were administered and whether or not the treatment failed or resulted in "some" improvement. Pain is 6/10 on the VAS scale. Objectively, the treating physician states the injured worker has trigger points with taut bands and twitch response of the right wrist extensor muscles, right levator scapula and rhomboids. Additionally, the treating physician was going to start Tizanidine. The physician's request does not include what muscle groups are to be treated with a trigger point injection. The documentation indicates there are trigger points with a twitch response in the right wrist extensor muscles, right levator scapula and rhomboids. The documentation indicates medical management therapies have not failed to control pain because Tizanidine (continued medical treatment) was started in the February 16, 2015 progress note. Consequently, absent clinical documentation of treatment failure with documentation of physical therapy and cortisone injections (location not provided and whether or not treatment failed or resulted in some degree of improvement and not providing specific locations for trigger point injections, trigger point injections times 2 are not medically necessary.