

Case Number:	CM14-0161766		
Date Assigned:	10/07/2014	Date of Injury:	06/02/2010
Decision Date:	11/13/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/02/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 38 year-old male with date of injury 06/02/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/20/2014, lists subjective complaints as pain in the neck with radicular symptoms down the right arm. Patient has had two sets of trigger point injections and one right elbow injection. The first on 06/24/2014 was noted to have provided >50% pain relief for about three months. Objective findings: Tenderness to palpation was noted over the trapezius, midscapular and scapular musculature. Range of motion showed flexion to 30 degrees, extension to 30 degrees, lateral bending to 40 degrees, and rotation to 40 degrees. Deep tendon reflexes were 1+ and equal for the biceps, triceps, and brachioradialis. Motor strength and sensory examination were within normal limits. Phalen's test, Finklestein's test, and grind test were all negative. Diagnosis: 1. Repetitive strain injury, neck, bilateral upper extremities, right greater than left 2. Myofascial pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections for the right elbow, provided on September 15, 2014: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic), Injections (corticosteroid)

Decision rationale: There is no indication from the physical exam or history where the trigger point injections were given in the upper extremity. The most likely place for an upper extremity injection would be the lateral epicondyles. According to the Official Disability Guidelines, corticosteroid injections are not recommended as a routine intervention for epicondylitis, based on recent research. In the past a single injection was suggested as a possibility for short-term pain relief in cases of severe pain from epicondylitis, but beneficial effects persist only for a short time, and the long-term outcome could be poor. Trigger point injections for the right elbow, provided on September 15, 2014 were not medically necessary.