

Case Number:	CM14-0177969		
Date Assigned:	10/31/2014	Date of Injury:	11/26/2012
Decision Date:	12/08/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/27/2014

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 Physical Medicine & Rehabilitation 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:

The injured worker is 56-year-old female who reported an injury on 11/26/2012. The mechanism of injury was not submitted for clinical review. The diagnoses included repetitive strain injury, myofascial pain syndrome, bilateral upper extremity left greater than right; history of medial and lateral epicondylitis; history of ulnar neuritis; history of bilateral rotator cuff syndrome, status post surgery; mild carpal tunnel syndrome. The previous treatments included trigger point injections, medication, and surgery. Within the clinical note dated 09/29/2014, it was reported the injured worker complained of bilateral elbow pain. She rated her pain at 7/10 in severity. Upon the physical examination, the provider noted the injured worker to have hypersensitivity and tenderness over the medial and lateral epicondyles, left greater than right. Motor and sensation were intact. There was scattered diffuse pain in her upper extremity and posterior shoulder. It was noted the previous trigger point injection done on 08/12/2014 decreased the injured worker's pain by 50% and increased her functional activities of daily living and exercise. The trigger point injection was administered over the left lateral epicondyle times 2. The request submitted is for a retrospective trigger point 4 units for myofascial pain. However, the Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective trigger injections 4 units, date of service 9/29/14: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Trigger point injections, page(s) 122

Decision rationale: The retrospective request for trigger point injections 4 units date of service 09/29/2014 is not medically necessary. The California MTUS Guidelines recommend lumbar trigger point injections only for myofascial pain syndrome with limited lasting value, it is not recommended for radicular pain. Trigger point injections with a local anesthetic may be recommended for treatment of chronic low back pain or neck pain with myofascial pain syndrome when all of the other following criteria are met: 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; medication management therapy such as ongoing stretching exercise, physical therapy, NSAIDs, and muscle relaxants have failed to control pain; radiculopathy is not present; no more than 3 to 4 injections per session; no repeat injections unless a greater than 50% pain relief is obtained for 6 weeks after the injection and there is documented evidence of functional improvement. Frequency should not be at an interval less than 2 months. The clinical documentation submitted indicated the injured worker had greater relief than 50% for longer than 6 weeks with the previous trigger point injection. However, there is lack of documentation indicating the injured worker had tried and failed on conservative therapy including exercise, physical therapy, and muscle relaxants. There is lack of documentation indicating the injured worker had evidence upon palpation of a twitch response. Therefore, the request is not medically necessary.