

Case Number:	CM15-0176362		
Date Assigned:	09/17/2015	Date of Injury:	07/08/2015
Decision Date:	10/27/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/08/2015

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, California
 Certification(s)/Specialty: Family Practice

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 sustained an industrial injury on July 08, 2015. A recent primary treating office visit dated August 18, 2015 reported subjective complaint of getting " worse". The pain is described as: "dull, sharp, burning pain." Current medications listed: Tylenol with Codeine and Methocarbamol. The other medication list include Acetaminophen, Pantoprazole, Meloxicam and Tramadol. "More pain top of hand, pain still into elbow can go up to biceps still, intermittent sharp pain palm of hand, same symptoms as last visit also still exist." The impression noted the worker with: left elbow contusion, left radial ulnar joint strain. The plan of care noted aggressive treatment for her left wrist injury with recommendation to not use the left upper extremity at work avoiding further trauma, and administering trigger point injection in the radioulnar area. Previous treatment to include: activity modification, medications, durable medical equipment. The following diagnosis was applied at follow up visit dated July 13, 2015: fracture left lateral condyle. Per the note dated 9/3/15 the patient had complaints of pain in left wrist and left elbow. Physical examination of the left elbow revealed tenderness on palpation, positive wrist extension test, and edema. The patient sustained the injury due to fall. Patient had received left wrist injection. The patient's surgical history include left wrist ulnar nerve release. The patient has had MRI of the left elbow that revealed non displaced fracture. Other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Forearm, Wrist, & Hand Chapter).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: Trigger Point Injection. MTUS Chronic Pain Guidelines regarding Trigger point injections state, "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain." Criteria for the use of Trigger point injections: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. The records provided did not specify the indications for trigger point injections listed above. Records provided did not specify documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, evidence that medical management therapies such as ongoing stretching exercises, physical therapy have failed to control pain was also not specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The details of PT or other type of therapy done since date of injury was not specified for this injury. Evidence of continued ongoing conservative treatment including home exercise and stretching was not specified in the records provided. The previous conservative therapy notes are not specified in the records provided. The request for a Trigger Point Injection is not medically necessary in this patient.

Left Radioulnar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Forearm Wrist & Hand Chapter).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: Left Radioulnar. MTUS Chronic Pain Guidelines regarding Trigger point injections state, "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain." Criteria for the use of Trigger point injections: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical

therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. The records provided did not specify the indications for trigger point injections listed above. Records provided did not specify documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, evidence that medical management therapies such as ongoing stretching exercises, physical therapy have failed to control pain was also not specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The details of PT or other type of therapy done since date of injury was not specified for this injury. Evidence of continued ongoing conservative treatment including home exercise and stretching was not specified in the records provided. The previous conservative therapy notes are not specified in the records provided. The medical necessity of the trigger point injection is not fully established and therefore the need for the Left Radioulnar is also not established. The request for a Left Radioulnar is not medically necessary in this patient.

1 cc of 1% Xylocaine with 5ml Kenalog: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Forearm Wrist & Hand Chapter).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: 1 cc of 1% Xylocaine with 5ml Kenalog. MTUS Chronic Pain Guidelines regarding Trigger point injections state, "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain." Criteria for the use of Trigger point injections: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain;(4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. The records provided did not specify the indications for trigger point injections listed above. Records provided did not specify documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, evidence that medical management therapies such as ongoing stretching exercises, physical therapy have failed to control pain was also not specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The details of PT or other type of therapy done since date of injury was not specified for this injury. Evidence of continued ongoing conservative treatment including home exercise and stretching was not specified in the records provided. The previous conservative therapy notes are not specified in the records provided. The medical necessity of the trigger point injection is not fully established and therefore the need for the 1 cc of 1% Xylocaine with 5ml Kenalog is also not established. The request for a 1 cc of 1% Xylocaine with 5ml Kenalog is not medically necessary in this patient.

