

<b>Case Number:</b>	CM15-0097567		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	07/01/2009
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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 48 year old female, who sustained an industrial injury on 07/01/2009. She has reported subsequent right elbow pain and numbness of the right hand and was diagnosed with right lateral epicondylitis. Treatment to date has included oral pain medication, TENS unit, ultrasound guided injections, physical therapy, home exercise program and trigger point injections. In a progress note dated 04/29/2015, the injured worker complained of right elbow pain and right hand numbness. Objective findings were notable for tenderness of the right lateral epicondyle, spasms of the right trapezius, decreased range of motion of the right elbow and decreased sensation of the right hand. A request for authorization of 4 trigger point injections to the right trapezius, paracervical, rhomboid with lidocaine under ultrasound was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective 4 trigger point injections to the right trapezius, paracervical, rhomboid with 5cc 1% Lido under ultrasound (DOS 04/29/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Trigger point injections, Shoulder Chapter, Steroid injections, Knee Chapter, Corticosteroid injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point injection, page 122.

**Decision rationale:** The goal of TPIs is to facilitate progress in PT and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain nor were there any functional benefit from multiple previous injections. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, exam findings identified possible radicular signs and diagnosis, which are medically contraindicated for TPI's criteria. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The Retrospective 4 trigger point injections to the right trapezius, paracervical, rhomboid with 5cc 1% Lido under ultrasound (DOS 04/29/15) is not medically necessary and appropriate.