

<b>Case Number:</b>	CM13-0048129		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/21/2002
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 48 year-old female with date of injury 03/21/2002. Per treating physician's report on 09/25/2013, patient presents with chronic neck, low back, bilateral wrist, hand pains, paresthasias S/P bilateral carpal tunnel release and de Quervain's release. Listed diagnoses are S/P bilateral carpal tunnel releases, de Quervain's release, cervical discogenic disease, cervical facet arthrosis, chronic cervical spine sprain/strain, lumbar discogenic disease, chronic low back pain, lateral epicondylitis. Under treatment plan, it states "May need left lateral epicondyle injection." Examination showed tenderness to palpation in the lateral epicondyle painful forceful gripping pain with restricted extension in the left elbow. Treater's report 11/20/2013 also recommends replacement electrodes for TENS/IF unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PROSPECTIVE REQUEST FOR 1 LEFT LATERAL EPICONDYLE INJECTION:**

Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 25.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) INJECTION CORTICOSTEROID FOR EPICONDYLITIS

**Decision rationale:** This patient presents with lateral epicondylitis. There is a request for left lateral epicondyle injection. Review of 524 pages do not show documentation of any prior epicondyle injection. This request was denied by utilization review 10/28/2013 stating that although there is a support for epicondyle injection, no evidence of failed non-invasive treatment strategy for the patient's left lateral epicondyle over the period of at least 3 to 4 weeks were documented. ODG Guidelines provide a thorough discussion regarding this injection. It states it is not recommended as a routine intervention for epicondylitis. However, on the basis of study quoted, steroid injection alone is the first line of treatment for patients presenting with tennis elbow demanding quick return to daily activities were recommended. In this patient, patient presents with lateral epicondylitis with no evidence of an injection provided. Although ODG Guidelines do not recommend it for a routine intervention, it does mention a study with recommendation for one injection. Recommendation is for authorization.

**PROSPECTIVE REQUEST FOR 1 ELECTRODES FOR TENS/INTERFERENTIAL UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS), INTERFERENTIAL.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS), INTERFERENTIAL CURRENT STIMULATION (ICS). Pa.

**Decision rationale:** This patient presents with chronic pain in the upper extremities. There is a request for TENS unit/Interferential unit electrodes. However, none of the reports reviewed by the treating physician discussed the use of TENS unit, what it has done for this patient's pain, and how it has affected the patient's pain and function. Without documentation of the use of TENS unit, replacement of electrodes cannot be recommended for authorization. MTUS Guidelines do support use of TENS unit, but for ongoing use some documentation should be provided regarding its efficacy. Recommendation is for denial.