

<b>Case Number:</b>	CM13-0058649		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	12/31/2002
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 Emergency 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:

The patient had an injury with date of 12/31/2002. Mechanism of injury was not provided. The diagnosis was bilateral elbow lateral and medial epicondylitis with bilateral ulnar neuralgia. The patient is post unknown surgery on bilateral ulnar nerves several years prior, right elbow extensor tendon surgery on 4/19/12 and bilateral medial epicondyle nerve block/steroid injections on 7/30/13. The records from primary treating physician and consultants reviewed. The last record was available until 10/15/13. The patient continues to complain of bilateral elbow pains R more than L side. Pain had been worsening. Pain is achy, deep and sharp. Baseline is 5/10 and worsens to 9/10(pre-steroid injection). Pain is worst with lifting or movement. Pain reportedly improved after steroid/nerve block injections (no objective scale provided). Objective exam reveals bilateral epicondyle pain (medial and lateral) with tenderness to touch. Normal range of motion (ROM) with some decreased ROM of left shoulder. The patient is currently using a brace and is taking celebrex, Norco and ambien. Records show plans for physical therapy but no documentation provided of if this was started. The utilization review is for bilateral ulnar nerve blocks at elbows under ultrasonic guidance. Prior Utilization Review (UR) on 10/22/13 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral ulnar nerve blocks at the elbows under ultrasonic guidance: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 23-24.

**Decision rationale:** Ulnar nerve blocks with steroids and anesthetics can be considered as per ACOEM guidelines. As per guidelines, injections have short term benefit in relation to improvement of pain. However, there are side effects such as risk of tendon rupture with no evidence to show any long term benefit compared to conservative treatments. It is recommended for short term acute use to facilitate physical therapy and other conservative treatments. It is not meant for long term or maintenance therapy. The patient had his injection done on 7/30/13 with reported improvement in pain and function. There is no documentation why another injection/block was requested. He does not meet ACOEM guidelines for additional injections. Guidelines recommend a graduated exercise program to maintain pain relief and improvement and to consider another site for injection. The provided documentation does not meet these guideline requirements. Bilateral Ulnar Nerve Block of elbows under ultrasound guidance is not medically necessary.