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| <b>Case Number:</b>   | CM14-0105108 |                              |            |
| <b>Date Assigned:</b> | 07/30/2014   | <b>Date of Injury:</b>       | 05/15/2014 |
| <b>Decision Date:</b> | 09/15/2014   | <b>UR Denial Date:</b>       | 06/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/07/2014 |

### 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 a 42-year-old female who reported an injury on 05/15/2014. She sustained injury to her right arm after mopping the floor. The injured worker's treatment history included medications, and physical therapy. The injured worker was evaluated on 06/05/2014 and it was documented that the injured worker complained of uncontrolled pain of the right lateral epicondyle despite conservative treatment. Diagnosis included epicondylitis, lateral, and right. The treatment plan included pain management referral consult and treatment for a steroid injection to the right lateral epicondyle. The Request for Authorization dated 06/05/2014 was for pain management referral consult and treatment for steroid injection; however, the rationale was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Referral (PM&R) Consult and Treatment for Steroid Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 Page 127 Official Disability Guidelines: Elbow (Updated 5/15/14) Office Visits Official Disability Guidelines: Elbow (Updated 5/15/14) Injections (Corticosteroid).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs); Behavioral Interventions & Chronic Pain Programs Page(s): 46; 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Office Visits.

**Decision rationale:** The California Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatome distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Additionally, failure to respond to conservative treatment is also a criterion for ESIs. There was lack of documentation of home exercise regimen, and pain medication management and outcome measurements for the injured worker. The provider failed to indicate injured worker long-term goals of treatment. Additionally, the request submitted failed to indicate the location where the injured needs the epidural steroid injection. Given the above, the request for epidural steroid injection is non-certified. The request for pain management consultation is non-certified. Per the Official Disability Guidelines (ODG), office visits are recommended based on patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documents submitted indicated the injured worker failing conservative care, however there was lack of outcome measurements listed such as physical therapy measures and home exercise regimen. In addition, the documents failed to indicate longevity of medication usage for the injured worker there is lack of documentation of long-term goals regarding functional improvement. Given the above, the request for Pain Management Referral (PM&R) Consult and Treatment for Steroid Injection is not medically necessary.