

Case Number:	CM14-0181414		
Date Assigned:	11/06/2014	Date of Injury:	08/29/2013
Decision Date:	12/26/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/31/2014

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 and Rehabilitation, has a subspecialty in Pain 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:

This is a patient of the date of injury of August 29, 2013. A utilization review determination dated September 29, 2014 recommends noncertification of Celestone 4 units and 2ml of Marcaine for injection into the lateral extensor origin, noncertification of right of volar wrist and carpal canal injection with 4 units of Celestone and 2ml of Marcaine. Certification was also recommended for the same two procedures. 2 of each procedure had been requested. A utilization review determination dated September 29, 2014 recommends noncertification of Celestone and bupivacaine. Noncertification was recommended since a previous request was already certified and there is no reason to certify a 2nd request for the same injection. A progress report dated September 2, 2014 identifies subjective complaints of numbness and tingling in the right hand with pain in the lateral right elbow. Objective examination findings reveal tenderness over the right lateral elbow with positive middle finger test and pain with resisted wrist extension. The patient has a positive Tinel's sign and positive Phalen's test at the wrist. He also has a positive Tinel's sign over the ulnar nerve at the elbow and a positive elbow flexion test. The note indicates that a nerve conduction study performed on August 8, 2014 shows evidence of bilateral carpal tunnel syndrome. The diagnoses include right carpal tunnel syndrome, right cubital tunnel syndrome, and right lateral epicondylitis. The treatment plan recommends a nerve block to the right elbow followed by an injection of the right lateral extensor origin with 4 units of Celestone into cc of 0.5% Marcaine. Ultrasound guidance was used. The patient was given a nerve block to the right median nerve followed by injection to the right volar wrist and carpal canal with 4 units of Celestone and 2ml of 0.5% Marcaine. This was done under ultrasound guidance. A progress report dated July 29, 2014 indicates that the patient underwent a lateral extensor origin injection under ultrasound guidance. The note indicates that the patient has had extensive conservative treatment including splinting, anti-inflammatory medication, physical

therapy, and cortisone. A progress note dated June 24, 2014 states that a cortisone injection at his last visit did help, the patient reports less pain in the lateral elbow. A progress report dated May 20, 2014 indicates that the patient was given a wrist splint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Celestone Soluspan 6mg/mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272, Chronic Pain Treatment Guidelines Lateral Epicondylalgia Page(s): 12 and 23.

Decision rationale: Regarding the request for Celestone (for injection), guidelines state that lateral epicondyle injection may be supported after failure of conservative treatment for 3-4 weeks. Within the documentation available for review, it appears the patient has undergone previous injections for this area. There is no documentation of analgesic efficacy, objective functional improvement, or duration of relief from previous injections. Additionally, a utilization review determination dated September 29, 2014 recommends certification for an injection in the lateral extensor tendons and the carpal tunnel. It is unclear why a repeat injection would be needed so soon after the ones already certified. In the absence of clarity regarding those issues, the currently requested Celestone is not medically necessary.