

Case Number:	CM14-0035184		
Date Assigned:	08/06/2014	Date of Injury:	01/19/2009
Decision Date:	12/17/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/21/2014

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 Family 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 injured worker's date of injury is 01/19/2009. Documentation of the original injury was not provided. This patient receives treatment for chronic bilateral elbow pain. The patient has undergone surgery: fusion at C5-C6 in 2001, C4-C6 Prodisc in 2010, L4-S1 fusion 2002, and L3-L4 Prodisc 2007. The patient reports bilateral arm pain and weakness, made worse with wrist extension, when examined. The patient is opioid dependent. Medications used include: Norco and Nucynta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lateral epicondyle injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC Elbow Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 20-24.

Decision rationale: Corticosteroid injections of the lateral epicondyle may result in a reduction in pain; however, studies show that the relief in pain is short-lived and recurrence rates are high. In fact, studies show that a "wait and see" plan and physical therapy yield better long-term

reductions in pain and improvements in function. Given the lack documentation of other treatment (including waiting and seeing), the request for epicondyle injection is not medically indicated and therefore not medically necessary.