

<b>Case Number:</b>	CM14-0037704		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	10/23/2009
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 49 year old female whose date of injury is 10/23/09 when a buffer machine threw her, injuring her neck, lower back, and left upper extremity. The injured worker complains of low back pain radiating down the left lower extremity, and is associated with numbness in the legs. She also complains of persistent left elbow pain and left shoulder pain. Examination of the left elbow on 12/16/13 revealed moderate swelling, tenderness to palpation around the ulnar nerve and medial epicondylar area, positive Tinel's sign on the left, and pain with resisted wrist extension. An injection of the left elbow medial epicondyle was performed on this date. A progress report dated 3/17/14 indicated that the injured worker had a great response with reduced swelling and no pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Second Steroid Injection at Medial Epicondyle Left Elbow: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation-Elbow Procedure.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The Official Disability Guidelines (ODG) provide that injections are not recommended as a routine intervention for epicondylitis, based on recent research. In the past a single injection was suggested as a possibility for short-term pain relief in cases of severe pain from epicondylitis, but beneficial effects persist only for a short time, and the long-term outcome could be poor. Corticosteroid injection does not provide any long-term clinically significant improvement in the outcome of epicondylitis, and rehabilitation should be the first line of treatment in acute cases, but injections combined with work modification may have benefit. Lateral epicondylitis and other disorders of the elbow can be treated conservatively with activity modification, elbow band and exercise, including gentle muscle stretching, range-of-motion exercises, flexibility and graduated strengthening. Noting that the injured worker had a prior injection with significant but short-term benefit, there is no documentation that the injured worker had therapy and/or elbow bracing, the request for second steroid injection at medial epicondyle left elbow is not recommended as medically necessary.