

<b>Case Number:</b>	CM14-0053458		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 Massachusetts. 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:

According to the documents available for review, the patient is 29-year-old male with a date of injury of May 29, 2012. The patient reports multiple orthopedic regional injuries on the date noted above secondary to his job responsibilities as a mover. In particular the patient reports pain radiating bilaterally to the lateral aspect of his elbows. This is associated with numbness and tingling of his bilateral upper extremities. Physical exam is notable for pain over the bilateral lateral epicondyles. He was subsequently diagnosed with bilateral lateral epicondylitis. The patient then underwent an injection of corticosteroids into the left lateral epicondyle on February 14, 2014. A retrospective request for one corticosteroid injection to the left lateral condyle as requested and denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 corticosteroid injection to the left elbow lateral epicondyle:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Occupational Medicine Practice Guidelines, Elbow Page(s): 22.

**Decision rationale:** According to the occupational medicine practice guidelines section on elbow treatments, injections of corticosteroids or local anesthetics or both should be reserved for patients who do not improve with more conservative therapies. There is good evidence that glucocorticoid injections reduce lateral epicondylar pain. However, there is also good evidence that the recurrence rates are high. On the other hand, pain at the time of recurrence is generally not as severe. Thus, despite the problems with recurrence, there is support for utilizing corticosteroid injections in select cases to help decrease overall pain problems during the disorders' natural recovery or improvement phase. Quality studies are available on glucocorticoid injections and there is evidence of short-term benefits, but not long-term benefits. This option is invasive, but is low cost and has few side effects. Thus, if a non-invasive treatment strategy fails to improve the condition over a period of at least 3-4 weeks, glucocorticoid injections are recommended [Evidence (B), Moderately Recommended]. According to the records available for review, there is no evidence that the patient has been tried and failed on noninvasive conservative treatment strategies specifically for his left lateral epicondylitis. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.