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| Case Number: | CM13-0011489 | | |
| Date Assigned: | 09/24/2013 | Date of Injury: | 05/07/2007 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 07/18/2013 |
| Priority: | Standard | Application Received: | 08/15/2013 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 46 year old male who sustained an industrial injury on 5/7/2007. His diagnoses, and/or impressions, include chronic pain syndrome; bilateral elbow pain & tendinitis; right ankle pain; neuralgia; and depression with anxiety. Current magnetic resonance imaging studies are not noted. His treatments have included right elbow injection (1/10/13) for lateral epicondylitis resulting in 80-100% relief for a couple of weeks; and medication management. The physician's progress notes of 6/27/2013 reported bilateral elbow, right low back and right ankle/foot pain, made better with rest, medications and nerve blocks; also that the original request for bilateral elbow injections were originally made on 4/4/2013. The physician's requests for treatment included a right, versus bilateral, elbow injection under fluoroscopy and with conscious sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT ELBOW INJECTION UNSPECIFIED TYPE OF INJECTION) UNDER FLUOROSCOPY AND WITH CONSCIOUS SEDATION, AS AN OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 28. Decision based on Non-MTUS Citation Official Disability Guidelines Elbow-injections.

Decision rationale: MTUS Guidelines give very limited support to steroid injections for lateral epicondylitis. They do not support repeat injections and there is no support for the medical necessity of fluroscopy or risks associated with sedation. ODG Guidelines have additional up-to-date information and they no longer recommend even an initial steroid injection for lateral epicondylitis due to the fact that there are no lasting benefits and there is a worse long term outcome due to tissue damage from the steroid. Under these circumstances, the Guidelines do not support the requested (repeat) elbow injection with fluroscopy and sedation, it is not medically necessary. In addition, there is no medical necessity for fluroscopic guidance and sedation even if this simple procedure was indicated.