

Case Number:	CM13-0011659		
Date Assigned:	09/23/2013	Date of Injury:	05/07/2007
Decision Date:	05/08/2015	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: Physical Medicine & Rehabilitation

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 male, who sustained an industrial injury on 5/7/07. He has reported a fall at work. The diagnoses have included chronic pain syndrome, elbow tendinitis, bilateral elbow pain, neuralgia, numbness, insomnia and depression. Treatment to date has included medications, rest, heat, nerve blocks, and diagnostics. The x-rays of the bilateral elbows were done on 7/22/13. Currently, as per the physician progress note dated 7/8/13, the injured worker complains of bilateral elbow pain, right low back pain and right ankle/foot pain. It was noted that the pain and spasticity has improved since last visit. He states that there was a 25 percent decrease in the chronic pain with use of Norco. He states that he is able to work, perform house/yard work, walk on the treadmill 20-40 minutes daily and stretch daily. He is able to sleep better with use of Ambien and has benefitted with use of Celexa for chronic pain. The pain was rated 6/10 on pain scale with medications and 8/10 without medications and it worsens at night. The general assessment revealed positive swelling bilateral elbows, positive tenderness to palpation bilateral elbows, and decreased range of motion at elbow joint. The physician requested treatment includes a left elbow injection under fluoroscopy with conscious sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Elbow Injection under Fluoroscopy with Conscious Sedation: 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): 22-24.

Decision rationale: Guidelines for Elbow Complaints in regards to corticosteroid injections have no recommendation that require fluoroscopy-guided injection of the elbow commonly done by clinical exam. Although studies indicate that corticosteroid injections produce short-term pain relief; however, in the long-term, they are less effective with poor outcome and insignificant clinical improvement in providing pain relief and benefit for acute cases of epicondylitis diagnosis compared to the first-line treatment of physical therapy. There are also higher recurrence rates with many patients experiencing a return of symptoms within several months after injection and note repeat injections to be considered on case-by-case basis. Studies indicate the short-term benefits of corticosteroid injection are paradoxically reversed after six weeks, with high recurrence rates, implying that this treatment should be used with caution in the management of tennis elbow. While there is some benefit in short-term relief of pain, patients requiring multiple corticosteroid injections to alleviate pain have a guarded prognosis for continued non-operative management. Additionally, long-term use of corticosteroid injections for tendinopathy may be harmful with some risks of tendon fraying and rupture with moderate evidence of harmful effects from repeated injections. Submitted reports have not demonstrated the indication, ADL limitations or failed conservative treatment to support for this elbow injection outside guidelines criteria. Therefore, the request is not medically necessary and appropriate.