

Case Number:	CM14-0202271		
Date Assigned:	12/12/2014	Date of Injury:	06/28/2009
Decision Date:	02/05/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/03/2014

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 Physical Medicine Rehab, 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 71 year old female sustained an industrial related injury on 06/28/2009 of unknown mechanism. The results of the injury and the initial diagnoses were not discussed or provided. Per the follow-up evaluation (11/14/2014), current subjective complaints included ongoing neck pain that radiates down the bilateral shoulders with burning and numbness down the bilateral upper extremities (rated 5-7/10 on VAS), and lower back pain that radiates down the bilateral lower extremities with intermittent numbness (rated 8-9/10 on VAS). Objective findings of the cervical spine and upper extremities on this follow-up report included tenderness over the medial epicondyle of the bilateral elbows, decreased sensation over the left C6 and C7 dermatome distribution, positive Tinel test of the bilateral wrist, slightly decreased motor power of the bilateral elbow flexion and extension (4/5), and absent reflexes of the biceps and brachioradialis bilaterally. Examination of the lumbar spine and lower extremities revealed an antalgic gait with use of four prong cane, tenderness in the right thoracic paravertebrals (T11), decreased sensation over the left L3, L4 and L5 dermatome distribution, decreased sensation over the right S1 dermatome distribution, absent reflexes in the ankles bilaterally, slightly decreased hip flexion bilaterally (right: 4/5 and left: 4+/5), slightly decreased extensor hallucis longus bilaterally (4+/5), and positive straight leg raises. Current diagnoses include L4-S1 facet arthropathy, worsening lumbar radiculopathy L5, L5-S1 stenosis, cervical radiculopathy, borderline carpal tunnel syndrome bilaterally, and cervical strain. Treatment to date has included conservative treatment including lifestyle modifications, medications and physical therapy (non-specific). Diagnostic testing has included a recent MRI of the lumbar spine (06/21/2014) which revealed multi-level lumbar spondylosis (L1-S1) with mild progression from previous MRI (10/16/2012), a 4.5 mm posterior osteophyte disc complex and degenerative changes in the facet joint with moderate narrowing of the neural foramina bilaterally, mild anterolisthesis of the L4

and L5 with a 4 mm posterior osteophyte disc complex and narrowing of the L4-L5 neural foramina, a 2 mm posterior osteophyte disc complex at the L3-L4 level, and a 2 mm posterior disc bulge at L2-L3. The x-ray of the cervical spine was requested for the evaluation of worsening neck pain and weakness. The bilateral elbow epicondyle corticosteroid injection was requested for the treatment of bilateral elbow pain and tenderness over the epicondyle. Treatments in place around the time the cervical x-ray and bilateral elbow epicondyle corticosteroid injections were requested included oral and topical medications, consultations, and approval for lumbar epidural steroid injection at L4-L5 level. The injured worker reported increased or worsening of pain. Functional deficits and activities of daily living were not discussed; therefore, no changes were noted. Work status was noted to be permanent and stationary. Dependency on medical care appeared to be increased as the injured worker required further diagnostic testing and pain management. On 12/01/2014, Utilization Review non-certified a prescription for x-ray of the cervical spine (AP/lateral/flexion/extension) which was requested on 11/24/2014. The x-ray of the cervical spine (AP/lateral/flexion/extension) was non-certified based on the absence of red flag signs for fractures or neurological deficits with acute trauma, tumor or infection. The CA MTUS ACOEM guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of x-ray of the cervical spine (AP/lateral/flexion/extension). On 12/01/2014, Utilization Review non-certified a prescription for bilateral elbow epicondyle corticosteroid injection which was requested on 11/24/2014. The bilateral elbow epicondyle corticosteroid injection was non-certified based on limited information regarding a trial of physical therapy services for the noted diagnosis or symptoms. The CA MTUS ACOEM guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of bilateral elbow epicondyle corticosteroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

X ray of the cervical spine, AP/lateral/flexion/extension: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck & Upper Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Online Neck and Upper Back Chapter, Radiography Section.

Decision rationale: The patient presents with neck pain. The current request is for X-ray of the cervical spine, AP/lateral/flexion/extension. The treating physician indicates that the current request is based off "[The patient] has worsening neck pain and weakness." The ODG guidelines indications for imaging state, "Chronic neck pain, patient older than 40, history of remote trauma, first study In this case, the patient has severe neck pain which has caused weakness and numbness in the bilateral upper extremities. The treating physician documented a significant

change in the patient's condition and is requesting cervical x-rays which is supported by the ODG guidelines. Therefore, this request is medically necessary.

Bilateral Elbow Medial Epicondyle Corticosteroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 22-24.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Elbow Chapter, Injections Section.

Decision rationale: The patient presents with neck pain. The current request is for bilateral elbow medial epicondyle corticosteroid injection. The treating physician indicates, "patient has tenderness over the medial epicondyle of the elbow bilaterally [the current request] in an attempt to improve her symptoms." The ODG guidelines state, "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." In this case, there is no indication of prior elbow injection and there is no diagnosis of epicondylitis. The ODG guidelines do not support corticosteroid injections for epicondylitis. The current request is not medically necessary.