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| Case Number: | CM15-0000295 | | |
| Date Assigned: | 01/09/2015 | Date of Injury: | 02/04/2014 |
| Decision Date: | 03/10/2015 | UR Denial Date: | 12/12/2014 |
| Priority: | Standard | Application Received: | 01/02/2015 |

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: Florida
 Certification(s)/Specialty: Neurology, Pain Management

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 year 46 year old male sustained an industrial injury on 2/4/14. He subsequently reports ongoing pain in his neck, low back, shoulders, as well as depression and anxiety. He has been diagnosed with cervical sprain and strain. The injured worker has undergone physical therapy, given analgesic medications and was given a home exercise program. An MRI dated 9/18/14 revealed abnormalities of the cervical spine. On 12/12/14 Utilization Review non-certified a cortisone injection to the right elbow, noting the lack of indications in MTUS, ACOEM and ODG Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection to the right elbow: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Not recommended in the absence of myofascial pain syndrome. See the Pain Chapter for Criteria for the use of Trigger point injections. The effectiveness of trigger point injection is uncertain, in part due to the difficulty of demonstrating

advantages of active medication over injection of saline. Needling alone may be responsible for some of the therapeutic response. The only indication with some positive data is myofascial pain; may be appropriate when myofascial trigger points are present on examination. Trigger point injections are not recommended when there are radicular signs, but they may be used for cervicalgia. (Bigos, 1999) (Colorado, 2001) (Nelemans-Cochrane, 2000) (BlueCross BlueShield, 2004)

Decision rationale: The records report the insured subsequently reports ongoing pain in his neck, low back, shoulders, as well as depression and anxiety. He has been diagnosed with cervical sprain and strain. The injured worker has undergone physical therapy, given analgesic medications and was given a home exercise program. An MRI dated 9/18/14 revealed abnormalities of the cervical spine. There is no indication of right elbow condition or internal derangement. ODG guidelines support injection of elbow for internal derangement showing tendonitis not responsive to other conservative care of at least 6 weeks. As the records do not reflect such condition or failure of at least 6 weeks treatment, the injection is not supported.