

Case Number:	CM15-0017659		
Date Assigned:	02/05/2015	Date of Injury:	09/22/2012
Decision Date:	04/20/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/29/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 (IW) is a 63 year old male who sustained an industrial injury on 09/22/2012. He has reported severe neck pain accompanied by constant clicking, locking tingling, popping, grinding, stiffness, stabbing pain, weakness, catching, numbness and tenderness. The pain is worse during activity and after activity. Diagnoses include traumatic lateral epicondylitis left elbow with partial common extensor tendon tear based on MRI, Right lateral epicondylitis compensatory with partial extensor tendon tear based on MRI from 2013, left shoulder strain with AC joint arthritis and large inferior osteophyte, denied body part, chronic neck pain with C5-8 degenerative disc disorder, claustrophobia. Treatments to date include acupuncture, and a cortisone injection on the left side. In a progress note dated 12/29/2014 the treating provider reports lateral tenderness in both elbows, cervical spine tenderness at C5-6 bilaterally and left shoulder tenderness subacromialy. Treatment plan includes acupuncture, cortisone injections at least one week apart in the bilateral elbows, and prescriptions for Naprosyn, and Flexeril. On 01/19/2015 Utilization Review non-certified a request for Bilateral Elbow Cortisone Injection (x2) noting the IW did have a cortisone injection once on the left side in the past, but there was no documentation of patient benefit or objective functional for repeating this injection. The Provider did not document what conservative treatment the IW has undergone for the right sided epicondylitis symptoms other than medicine. The MTUS, Official Disability Guidelines (ODG), Elbow Chapter, Injections (corticosteroid) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Elbow Cortisone Injection (x2): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter, Injections (corticosteroid).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow-Corticosteroid injections.

Decision rationale: Bilateral Elbow Cortisone Injection (x2) is not medically necessary per the MTUS and the ODG Guidelines. The MTUS states that in most cases for lateral epicondylitis, physicians should carry out conservative measures (i.e., NSAIDs, orthotics, other non-interventional measures) for 4-6 weeks before considering injections. Generally, there is an inclination to not use more than approximately 3 glucocorticoid injections in any one location for one episode. However, there is no evidence that there is or is not a limit on the number of injections either for an episode or for a lifetime. Subsequent injections should be supported by either objective improvement or utilization of a different technique or location for the injection(s). The ODG states the elbow corticosteroid injections are 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. The documentation is not clear on whether the patient had 4-6 weeks of conservative treatment for the right elbow. The documentation does not indicate the outcome of the prior left elbow injection. The request for bilateral elbow cortisone injection (x2) is not medically necessary.