

<b>Case Number:</b>	CM15-0131885		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	09/11/2012
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 50-year-old female who sustained an industrial injury on 09/11/12. She reported right elbow pain after pulling and lifting a mattress. Initial diagnoses are not available. Current diagnoses include status post-right elbow medial and lateral fasciectomy, ulnar nerve transposition, microfracture, medial epicondylitis left, lateral epicondylitis left, ulnar tunnel syndrome left, and left shoulder tendinitis. Diagnostic testing and treatments to date have included right elbow surgery, EMG/NCS, and pain medication management. Currently, the injured worker complains of increased pain and aggravation of her symptoms, which include shooting pain down both arms especially to the left elbow. Physical examination is remarkable for tenderness over the left medial and lateral epicondyle; she has positive Tinel's to cubital and ulnar tunnel; flexion test is positive. Requested treatments include steroid injection left lateral epicondyle. The injured worker's condition is permanent and stationary; she is working with restrictions. Date of Utilization Review: 06/10/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Steroid injection to the left lateral epicondyle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, 2015, Elbow Chapter (Acute & Chronic), Injections (corticosteroid).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 23.

**Decision rationale:** Per the MTUS guidelines, there is good evidence that glucocorticoid injections reduce lateral epicondylar pain. However, there is also good evidence that the recurrence rates are high. On the other hand, pain at the time of recurrence is generally not as severe. Thus, despite the problems with recurrence, there is support for utilizing corticosteroid injections in select cases to help decrease overall pain problems during the disorders, natural recovery or improvement phase. Quality studies are available on glucocorticoid injections and there is evidence of short-term benefits, but not long-term benefits. This option is invasive, but is low cost and has few side effects. Thus, if a non-invasive treatment strategy fails to improve the condition over a period of at least 3-4 weeks, glucocorticoid injections are recommended [Evidence (B), Moderately Recommended]. The documentation submitted for review indicates that the injured worker is suffering from a flare up of left elbow pain. Aside from the use of medications, there is no documentation that the injured worker was refractory to conservative treatment such as physical therapy for a period of at least 3-4 weeks as mandated by the guidelines. As such, this request is not medically necessary.