

Case Number:	CM15-0146810		
Date Assigned:	08/10/2015	Date of Injury:	10/11/2013
Decision Date:	09/11/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/28/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 is a 54 year old female, who sustained an industrial pain in her left upper extremity up to her neck. Diagnoses have included cervical musculoligamentous sprain-strain, brachial neuritis not otherwise specified, cervical disc displacement without myelopathy, sprains and strains of unspecified site of shoulder and upper arm and lesion of ulnar nerve. Treatment to date has included physical therapy, magnetic resonance imaging (MRI), injections and medication. Per the progress report dated 5-27-2015, the injured worker complained of neck pain and right hand pain rated six out of ten for the neck and eight out of ten for the right hand. The injured worker underwent bilateral C5-C6 transfacet epidural steroid injections which provided 50 percent to 60 percent relief so far. Physical exam revealed facet tenderness to palpation over the C3-C7 level spinous processes. According to the progress report dated 6-17-2015, the injured worker had cervical spine tenderness right side greater than left, along with muscle spasm. The progress report was hand-written and difficult to decipher. There was marked tenderness over the right lateral epicondyle. Authorization was requested for bilateral elbow lateral epicondyle injection under ultrasound guidance, right side first and a second C5-6 transfacet ESI (epidural steroid injection).

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral elbow lateral epicondyle injection under ultrasound guidance, right side first:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines criteria for the use of epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 12, 22-25.

Decision rationale: Regarding the request for bilateral elbow lateral epicondyle injection under ultrasound guidance, right side first, guidelines state that lateral epicondyle injection may be supported after failure of conservative treatment for 3-4 weeks. It is unclear what conservative treatment has been attempted for this patient. Additionally, guidelines do not support the use of imaging guidance for elbow injections. In the absence of such documentation, the requested bilateral elbow lateral epicondyle injection under ultrasound guidance, right side first is not medically necessary.

Second C5-6 transfacet ESI (epidural steroid injection): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Page(s): 46 of 127.

Decision rationale: Regarding the request for Second C5-6 transfacet ESI (epidural steroid injection), California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Guidelines state that repeat epidural injections should be based on documentation of at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks and functional improvement. Within the documentation available for review, there are no documentation of at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks and functional improvement following previous epidural injections. In the absence of such documentation, the currently requested Second C5-6 transfacet ESI (epidural steroid injection) is not medically necessary.