

<b>Case Number:</b>	CM15-0182712		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	08/18/2014
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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: 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 56 year old male, who sustained an industrial injury on August 18, 2014. He reported left elbow pain. The injured worker was diagnosed as having medial and lateral epicondylitis and left forearm strain. Treatment to date has included diagnostic studies, medications and work restrictions. Currently, the injured worker continues to report left elbow pain. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was without complete resolution of the pain. Evaluation on July 17, 2015, revealed continued pain as noted. Left elbow injection was recommended. Evaluation on July 31, 2015, revealed continued pain as noted. It was noted magnetic resonance imaging (MRI) of the left elbow with arthrogram revealed mild synovitis along with some mild osteoarthritis and no other significant changes. Current medications included Ibuprofen, Lisinopril, Metformin HCL and Tramadol. There was slight tenderness noted over the lateral epicondyle and it is increases with gripping, grasping and supination. It was noted there was no evidence of any atrophy and a negative Tinel's test at the elbow. The RFA included a request for a Steroid injection to the left elbow, outpatient and was non-certified on the utilization review (UR) on August 3, 2015.

### 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 elbow, outpatient:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Chronic Pain Considerations.

**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]. I respectfully disagree with the UR physician who provided no rationale for denial. The injured worker was refractory to medication management and work restrictions. The request is medically necessary.