

<b>Case Number:</b>	CM15-0200886		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	06/05/2006
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This is a 50 year old male with a date of injury on 6-5-06. A review of the medical records indicates that the injured worker is undergoing treatment for neck, head, mid and lower back pain. Progress report dated 8-31-15 reports of continued complaints of neck pain that radiates down the bilateral upper extremities. He has complaints of lower back pain that radiates down the bilateral lower extremities. He also has upper extremity pain bilaterally in the elbows, shoulders and wrists. The pain is described as aching and sharp. The pain is rated 6 out of 10 with medications and 9-10 out of 10 without medications. Physical exam: lumbar spasm noted bilateral para-spinal musculature, tender to palpation, range of motion moderately limited due to pain. Upper extremity - tenderness on palpation at the left elbow, range of motion decreased due to pain, decreased left upper extremity strength and grip strength. Request for authorization dated 9-3-15 was made for Cortisone injection to the left elbow. Utilization review dated 9-9-15 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone Injection to left elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 13th Edition, (web, 2015, Elbow Chapter, Steroid Injection).

**MAXIMUS guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Lateral Epicondylalgia, Medial Epicondylalgia, Summary.

**Decision rationale:** The injured worker sustained a work related injury on 6-5-06. The medical records provided indicate the diagnosis of cervical radiculopathy, lumbar facet arthropathy, Lumbar radiculopathy, Lumbar spinal stenosis, Bilateral shoulder pain, status post carpal tunnel release. Treatments have included Epidural steroid injection. Gabapentin, Diclofenac. The medical records provided for review do not indicate a medical necessity for Cortisone Injection to left elbow. Although the injured worker was noted to be tender in the elbow, weak grip and have limited range of motion, there was no specific elbow diagnosis; besides the elbow, tenderness was not localized. The medical records indicate cortisone injections were requested on 08/03/15, and 08/31/15, but there was no documentation of the outcome of the request, or treatment if it was approved. Therefore, although the MTUS recommends steroid injection as a form of treatment of Lateral epicondylitis, the requested treatment is not medically necessary because an elbow diagnosis has not been made; neither was there documented information regarding the outcome of a previous request.