

<b>Case Number:</b>	CM15-0036676		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	08/29/2013
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 40-year-old male, who sustained an industrial injury on 8/29/2013. The diagnoses have included right medial and lateral epicondylitis, and clinical evidence of right carpal tunnel syndrome and right cubital tunnel syndrome. Treatment to date has included splinting, physical therapy, cortisone and medication. According to the Primary Treating Physician's Progress Report dated 1/20/2015, the injured worker reported continued numbness and tingling in the right arm with pain radiating from the right elbow to the right hand. Exam of the upper extremities revealed tenderness over the right medial and lateral elbow. He had a positive Tinel's sign and a positive Phalen's test on the right. Current medications included Voltaren, Prilosec and Methoderm gel. It was noted that a nerve conduction test showed slowing of the right ulnar nerve at the wrist. The injured worker was given a nerve block to the right lateral elbow followed by an injection of the right tendons of the lateral extensor origin. The injured worker was given a nerve block to the right medial elbow followed by an injection of the right tendons of the medial flexor origin. On 1/30/2015 Utilization Review (UR) non-certified a request for RETRO nerve block injection right median elbow and RETRO nerve block injection right lateral elbow. The Official Disability Guidelines (ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective nerve block injection at right median elbow: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 23. Decision based on Non-MTUS Citation ODG elbow chapter and injections pg 14.

**Decision rationale:** According to the guidelines if a non-invasive treatment strategy fails to improve the condition over a period of at least 3-4 weeks, glucocorticoid injections are recommended. In this case, the claimant had undergone rest and use of NSAIDs for a few months and continued to have persistent pain. Based on the guidelines and standard practice for epicondylitis, steroid injection block to the median elbow is medically necessary.

**Retrospective nerve block injection at right lateral elbow: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** According to the guidelines if a non-invasive treatment strategy fails to improve the condition over a period of at least 3-4 weeks, glucocorticoid injections are recommended. In this case, the claimant had undergone rest and use of NSAIDs for a few months and continued to have persistent pain. Based on the guidelines and standard practice for epicondylitis, steroid injection block to the lateral elbow is appropriate and medically necessary.