

<b>Case Number:</b>	CM15-0038431		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	02/01/2010
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 45-year-old male, who sustained an industrial injury on 2/1/2010. He reports a neck, shoulder and lower arm injury from shoveling tomato paste. Diagnoses include left shoulder impingement syndrome, left conjoint tendinitis, left biceps tenosynovitis, chronic myofascial pain syndrome, lumbar 4-5 disc protrusion, mild left carpal tunnel syndrome and left elbow epicondylitis. Treatments to date include physical therapy, heat/ice, epidural steroid injection, home exercises and medication management. The Qualified Medical Evaluator note dated 12/12/2014 indicates the injured worker reported low back pain with left leg more than right tingling and numbness and left shoulder and elbow pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Office based left elbow medial epicondyle injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 40. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 31-21, 235-236, 241. Decision based on Non-MTUS Citation Official

Disability Guidelines Elbow Chapter, under Cortisone Injection for Epicondylar Pain -Pain Chapter, Injections.

**Decision rationale:** This patient has a date of injury of 02/01/10 and presents with low back, left shoulder and left elbow pain. The current request is for 1 Office Based Left Elbow Medial Epicondylar Injection. The Request for Authorization is not provided in the medical file. ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 10, page 31-32, for Medial Epicondylar Pain (Medial epicondylitis) states: "Quality studies are available on glucocorticoid injections in chronic medial epicondylar pain patients and there is evidence of short-term, but not long-term benefits. This option is invasive, but is low cost and has few side effects." ACOEM guidelines, table 10-6, page 241 states, "corticosteroid injections have been shown to be effective, at least in the short term; however, the evidence on long-term effects is mixed, some studies show high recurrence rate among injection groups (p235,6)." ACOEM considers the injections optional treatment (table 10-6, page 241). The ODG guidelines under the Elbow Chapter under Cortisone injection for epicondylar pain states: "While there is some benefit in short-term relief of pain, patients requiring multiple corticosteroid injections to alleviate pain have a guarded prognosis for continued non-operative management. Corticosteroid injection does not provide any long-term clinically significant improvement in the outcome of epicondylitis, and rehabilitation should be the first line of treatment in acute cases, but injections combined with work modification may have benefit. (Assendelft, 1996)" The medical file includes one progress report dated 03/05/15. According to this report, the patient reports 80-90% relief of left elbow pain after the medial epicondyle injection. The date of injection and duration of pain relief was not documented. ODG guidelines under the pain chapter, under injections state: Pain injections general: Consistent with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work, repeat pain and other injections not otherwise specified in a particular section in ODG, should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work. In this case, the treating physician states 80-90% pain decrease, however, improved function, medication reduction or return to work status with prior injection was not discussed. Given such, recommendation cannot be made for a repeat injection. This request is not medically necessary.