

Case Number:	CM15-0043296		
Date Assigned:	03/13/2015	Date of Injury:	08/19/2010
Decision Date:	04/23/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/09/2015

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 59 year old male who sustained an industrial injury on 8/19/10. He currently complains of constant, worsening cervical pain, with numbness, tingling and radiation to his bilateral shoulders, upper extremities; ongoing pain in elbows, wrists, hands, mid-back, low back and knees. Medications include Cymbalta, Norco, ibuprofen and Ambien. Diagnoses include cervical radiculopathy; multilevel disc protrusion/ herniation, worse at C5-6; positive electromyography/ nerve conduction study and depression. Treatments to date include Stellate Ganglion Block for peripheral neuropathy, cervical epidural steroid injection with minimal relief, physical therapy and medications. Diagnostics include MRI right wrist (1/19/11, 8/30/11); MRI right brachial plexus (4/4/11); electromyography and nerve conduction study (abnormal 9/30/11); ultrasound right and left shoulder (12/30/14); ultrasound right and left elbow (12/16/14); MRI cervical spine (12/8/14); electromyography and nerve conduction study (normal 12/16/14). In the progress note dated 11/26/14, the treating provider indicated the need for steroid injection right ulnar groove for ulnar nerve compression and neuropathy per ulnar nerve ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Ulnar groove injection: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 22-24.

Decision rationale: The patient presents with unrated neck pain, which radiates into the right arm with associated numbness and tingling to the extremity. The patient's date of injury is 09/19/10. Patient is status post cervical interlaminar epidural injections on 12/09/13. The request is for RIGHT ULNAR GROOVE INJECTION. The RFA was not provided. Physical examination dated 11/26/14 reveals decreased sensation in the right arm along the C6 dermatome distribution, decreased grip strength in the right hand, and pain elicitation upon range of motion to the right upper extremity. The patient is currently prescribed Norco, Ambien, Ibuprofen, and Cymbalta. Diagnostic imaging was not included, though progress note dated 11/26/14 discusses an undated ultrasound study of the right upper extremity showing ulnar neuritis and edema. Patient's current work status is not provided. MTUS/ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 10, Elbow update, pages 22- 24, under the topic Injections, for Corticosteroid injections states: "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."In regard to the request for what appears to be this patient's first Cortisone injection to the left elbow, the request appears reasonable. While the treating physician does not provide any evidence that the requested injection is to be provided in conjunction with work modification or physical therapy, there is no documentation that this patient has had therapy to date. Diagnostic ultrasound performed by the requesting provider shows neuritis and the patient is experiencing neurological deficits to the extremity. ODG and ACOEM do support trial of injections for short term relief to allow recovery from exercises and therapy. The request IS medically necessary.