MAXIMUS Federal Services

Case Number:	CM15-0062359		
Date Assigned:	04/08/2015	Date of Injury:	06/29/2012
Decision Date:	05/08/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/02/2015

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: 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:

The injured worker is a 56 year old female, who sustained an industrial injury on 06/29/2012. She has reported injury to the soft tissue head/neck, bilateral arms, and bilateral legs. The diagnoses have included bilateral shoulder peri-scapular strain; bilateral acromioclavicular degenerative joint disease; bilateral elbows medial/lateral epicondylitis with cubital tunnel syndrome; and bilateral de Quervain's. Treatment to date has included medications, diagnostics, injections, surgical intervention, and home exercise program. Medications have included Ultram and Fexmid. A progress note from the treating physician, dated 02/24/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of left shoulder pain that increases with activities, and decreases with rest, medications, and exercise program; right elbow pain which is constant at the lateral elbow, increases with activities, and decreases with rest and exercise program; and Fexmid has minimal benefit. Objective findings included tenderness to palpation of the left shoulder with associated muscle spasm and guarding, and decreased range of motion in all planes; tenderness to palpation of the right elbow, lateral greater than medial epicondyle, with weakness in flexion and extension. The treatment plan has included the request for Zanaflex 2 mg #120; and for right elbow lateral epicondyle injection under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: MTUS Guidelines are not supportive of the long term use of muscle relaxants; however an exception is made for Zanaflex as there is good evidence of benefits for chronic myofasical pain. This request is for a trial of Zanaflex as another muscle relaxant is being discontinued. Under these circumstances, at least a trial of the Zanaflex is Guideline supported. This can be re-reviewed if it is continued and there are no obvious benefits. The Zanaflex 2mg. #120 is medically necessary.

Right elbow lateral epicondyle injection under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-40. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Work Loss Data Institute.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 41. Decision based on Non-MTUS Citation Official Disability GuidelinesElbow Injectionshttp://emedicine.medscape.com/article/103440-overview#a15.

Decision rationale: MTUS Guidelines give tepid support to elbow injections for lateral epicodylitis. The Guidelines note that relief is temporary and long term outcomes may be worse. The Guidelines make no mention of the medical necessity for ultraound guidance. Up to date ODG Guidelines do not support elbow injections as newer evidence is not supportive. Neither Guideline nor recommended techniques support the medical necessity of Ultrasound localization as the anatomical landmarks are readily palpable. The request for right elbow lateral epicondyle injection under ultrasound guidance is not supported by Guidelines and is not medically necessary.