

Case Number:	CM15-0179393		
Date Assigned:	09/21/2015	Date of Injury:	10/04/2002
Decision Date:	10/30/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/11/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 53 year old female, who sustained an industrial injury on 10-4-02. Medical record indicated the injured worker is undergoing treatment for carpometacarpal joint fusion of left thumb and lateral epicondylitis of right elbow. Treatment to date has included oral medications including Norco 10mg, Cyclobenzaprine 10mg, Omeprazole 20mg and naproxen 500mg; right elbow injections, right wrist brace and activity modification. On 6-1-15, she complained of left shoulder pain rated 8-9 out of 10, right lateral elbow pain rated 9 out of 10 and bilateral volar wrist pain rated 9 out of 10. Currently on 8-20-15, the injured worker complains of lateral right elbow pain and bilateral hand pain. Physical exam performed on 5-1-15 and 8-20-15 revealed positive Phalen's sign of bilateral wrists and on 8-20-15 also revealed tenderness to palpation of right elbow. On 8-20-15, the treatment plan included request for 2 right elbow injections and left wrist brace. On 9-2-15 utilization review non-certified a request for 2 right elbow injections noting guidelines recommend injections of corticosteroids or local anesthetics for patients who do not improve with more conservative therapies, steroids can weaken tissues and predispose to reinjury and local anesthetics can mask symptoms and inhibit long term solutions to the problem.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient, right elbow injection QTY 2: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation, 2015 web-based edition, http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Chronic Pain Considerations.

Decision rationale: Per the MTUS guidelines, there is good evidence that glucocorticoid injections reduce lateral epicondylar pain. However, there is also good evidence that the recurrence rates are high. On the other hand, pain at the time of recurrence is generally not as severe. Thus, despite the problems with recurrence, there is support for utilizing corticosteroid injections in select cases to help decrease overall pain problems during the disorders' natural recovery or improvement phase. 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 [Evidence (B), Moderately Recommended]. I respectfully disagree with the UR physician's denial based upon the assertion that the injured worker has not failed conservative therapy. The injured worker's elbow pain has been treated with medication management, activity modification, and injections. The request is medically necessary.