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| Case Number: | CM15-0069040 | | |
| Date Assigned: | 04/16/2015 | Date of Injury: | 06/19/2001 |
| Decision Date: | 06/11/2015 | UR Denial Date: | 03/14/2015 |
| Priority: | Standard | Application Received: | 04/13/2015 |

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 73 year old male with an industrial injury dated June 19, 2001. The injured worker diagnoses include muscle spasm, post lumbar laminectomy syndrome, shoulder joint pain, elbow pain, lumbar radiculopathy, lumbar/lumbosacral disc degenerative, lumbar disc disorder and chronic back pain. Treatment consisted of diagnostics studies, prescribed medications, and periodic follow up visits. In a progress note dated 3/02/2015, the injured worker reported lower backache. Cervical spine exam revealed restricted cervical range of motion, paravertebral muscles, tenderness and tight muscle band. Lumbar spine exam revealed restricted range of motion limited by pain, tenderness to palpitation, spasm and tight muscle band, bilaterally. Bilateral ankle jerk and patellar jerk were decreased. Tenderness was noted over the posterior iliac spine on the right side sacroiliac spine. The treating physician also noted trigger point with radiating pain and twitch response on palpitation at cervical paraspinal muscles and lumbar paraspinal muscles. The treating physician prescribed services for medial epicondyle block to right side now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Medial epicondyle block to right side: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 25. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Injections (corticosteroid).

Decision rationale: ODG states "Not recommended as a routine intervention for epicondylitis, based on recent research. In the past a single injection was suggested as a possibility for short-term pain relief in cases of severe pain from epicondylitis, but beneficial effects persist only for a short time, and the long-term outcome could be poor. (Boisauvert, 2004) The significant short-term benefits of corticosteroid injection are paradoxically reversed after six weeks, with high recurrence rates, implying that this treatment should be used with caution in the management of tennis elbow." Guidelines recommend against corticosteroid injections for epicondylitis. As such, the request for 1 Medial Epicondyle block to right side is not medically necessary.