MAXIMUS Federal Services

Case Number:	CM13-0062554		
Date Assigned:	12/30/2013	Date of Injury:	06/02/1999
Decision Date:	04/18/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/06/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 46-year-old female with diagnoses of complex regional pain syndrome, bilateral upper extremities, brachial neuritis/radiculitis, and pain in joint, shoulder. The patient was seen on 12/17/2012 status post spinal cord stimulator trial. The patient complained of pain 10/10 characterized as throbbing, burning, and aching. On exam, the left upper extremity was cool to the touch with allodynia and erythema. Documentation provided does not state what the request the ultrasound guidance is for or what type of injection is to be done with it.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRASOUND GUIDANCE FOR INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The MTUS and ACOEM Guidelines do not address this issue. The Official Disability Guidelines do note that with the advent of readily available imaging tools such as ultrasound, image guided injections have increasingly become more routine. Unfortunately, the documentation provided did not state with the request for ultrasound guidance for injection to

verify either on the request or the documentation provided what type of injection and what location on the body for the injection. Therefore, the request is not medically necessary and appropriate.