

Case Number:	CM14-0108145		
Date Assigned:	08/01/2014	Date of Injury:	05/11/2011
Decision Date:	08/29/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/11/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 39-year-old male who reported an injury on 08/11/2011. On 05/08/2014, the injured worker presented with ongoing familiar chest wall pain. Prior therapy included the use of a brace, ice and medications. Upon examination, there was tenderness to the right sternoclavicular and right costochondral junction. Diagnoses were not provided on this note. The provider recommended an ultrasound-guided costosternal joint injection; the provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided costosternal joint injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Evidence: BMJ Publishing Group, Ltd.; London, England: Section : Musculoskeletal Disorders; Conditon: Shoulder Pain; Campbell's Operative Orthopedics, Ninth Ed., 1998. W.B. Saunders Company.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Injection with anesthetics and/or steroids.

Decision rationale: The request for an ultrasound-guided costosternal joint injection is non-certified. The Official Disability Guidelines recommend injections with the intent of relieving pain, improving flexion, with increase in medications and encouraging return to work, repeat pain and other injections not otherwise specified in a particular section should be at minimum relieved pain to the extent of 50% for a sustained period and clearly result in documented reduction in pain medication, improved function and return to work. An adequate examination of the injured worker was not provided detailing current deficits to warrant a costosternal joint injection. The provider's rationale was not provided. As such, the request is not medically necessary.