

Case Number:	CM14-0176844		
Date Assigned:	11/20/2014	Date of Injury:	07/09/2010
Decision Date:	01/08/2015	UR Denial Date:	10/04/2014
Priority:	Standard	Application Received:	10/24/2014

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 Texas and 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 patient is a 57 year old female who was injured on 7/9/2010. The diagnoses are cervical radiculopathy, headache, right elbow, right wrist and neck pain. There was associated diagnosis of insomnia. The patient is currently doing a home exercise program. On 9/9/2014, [REDACTED] noted subjective complaints of headache, neck and upper and extremity joints pain. The pain score was rated at 9/10 on a 0 to 10 scale. There was objective finding right shoulder tenderness, decreased range of motion and tenderness over the lateral epicondyle. There was a clinical diagnosis of possible epicondylitis. An EMG/NCV of the right upper extremity was scheduled. The report was hand written and not completely legible. The patient is utilizing Fexmid medication to treat muscle spasm. A Utilization Review determination was rendered on 10/4/2014 recommending non certification of diagnostic ultrasound right elbow and trigger point injections to the trapezius.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) trigger point right upper trap injection under ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of musculoskeletal pain when conservative treatment with medication management and PT have failed. The records indicate that the neck and trapezius muscle pain is currently being investigated. The EMG/NCV had been scheduled to rule out cervical radiculopathy. The treatment for radiculopathy is not trigger point injection. The patient is currently doing home exercise program. There was no documentation of trapezius tender taut bands. The criteria for trigger point injections of the trapezius was not met.

One (1) diagnostic ultrasound of right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pin Chapter. Upper Extremities.

Decision rationale: The CA and the ODG guidelines recommend that ultrasound investigations can be utilized as confirmatory test in the diagnoses of causes of chronic pain when standard investigation are inconclusive. The records indicate that the patient had been scheduled for EMG/NCV studies to diagnose cervical and upper extremity radiculopathy such as ulnar nerve entrapment at the elbow. The patient is currently doing a home physical therapy program. The criteria for ultrasound test of the right elbow was not met.