

Case Number:	CM14-0184889		
Date Assigned:	11/12/2014	Date of Injury:	10/05/2012
Decision Date:	03/13/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/06/2014

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. 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 58-year-old female who reported injury on 10/05/2012. Mechanism of injury was not submitted for review. The injured worker has a diagnosis of chronic pain, not otherwise specified; unspecified neuralgia neuritis/radiculitis myofascial pain; cervicalgia; and postop ultrasound guided injection. Past medical treatment consists of ultrasound injections and medication therapy. On 10/30/2014, the injured worker was seen on a followup appointment and complained of cervical pain. Physical examination revealed increased ability to self-manage pain. Physical examination noted that there was tenderness to palpation with muscle twitch response in the left cervical paraspinal musculature and left trapezoids. Medical treatment plan is for the injured worker to undergo additional trigger point injections and ultrasound guidance injections. The provider for the diagnostic ultrasound is being recommended as the technique allows for visualization of musculoskeletal, vascular and neural structures in real time with dynamic evaluation. Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

U/S Trapezius Cervical Paraspinal: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Ultrasound, therapeutic. Page(s): 123.

Decision rationale: The request for U/S trapezius cervical paraspinal is not medically necessary. The California MTUS Guidelines do not recommend therapeutic ultrasound. Therapeutic ultrasound is 1 of the most widely and frequently used electrophysical agents. Despite over 60 years of clinical use, the effectiveness of ultrasound for treating people with pain, musculoskeletal injuries and soft tissue lesions remains questionable. There is little evidence that active therapeutic ultrasound is more effective than placebo ultrasound protruding people with pain or a range of motion of musculoskeletal injuries or for promoting soft tissue healing. The submitted documentation indicated that the injured worker had tenderness to palpation with muscle twitch response in the left cervical paraspinal musculature and left trapezoids. However, there were no other significant factors provided to justify the use outside of current guidelines. Given the submitted documentation and the evidence based guidelines, the request would not be indicated. As such, the request is not medically necessary.