

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0188989 | | |
| Date Assigned: | 11/19/2014 | Date of Injury: | 02/08/2014 |
| Decision Date: | 02/10/2015 | UR Denial Date: | 10/30/2014 |
| Priority: | Standard | Application Received: | 11/12/2014 |

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 36-year-old injured who sustained a work-related injury on February 8, 2014. Subsequently, the patient developed a chronic neck and left shoulder pain. According to a progress report dated on October 1, 2014, the patient was complaining of left trapezius pain, left shoulder and neck pain. The patient physical examination demonstrated left trapezius tenderness. The patient was diagnosed with cervical sprain and shoulder sprain. The provider requested authorization for ultrasound-guided injection for low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

A second Ultrasound Guided Injection for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Ultrasound, Diagnostic Imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: There's no clear documentation of back issues requiring focal injection. There is no documentation of the type of injection requested. There is no documentation of back

pain or response of back pain to conservative therapies. Therefore, the request is not medically necessary.