

<b>Case Number:</b>	CM14-0191883		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	03/09/2000
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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:

This is a female patient with the date of injury of March 9, 2000. A Utilization Review dated November 3, 2014 recommended non-certification of ultrasound guided injection at intersection point and cervical spine evaluation and treatment. A Progress Report dated October 17, 2014 identifies Interval History of pain throughout the body. At the wrist, she is having mild pain bilateral wrist, sore achy pain. Pain at bilateral CMCs also at intersection point on the right side. She does have radiating pain down from the neck in to the arms. Physical Examination identifies neck motion has some positive Spurling's that radiates down the lateral arm, forearm and into the entire hand on the right side which replicates a large portion of her symptoms. Pain at the intersection point. Pain with wrist extension and thumb extension, mild Finkelstein, mild first dorsal compartment tenderness. Some slight diminished sensation in the second and third digits. CMC positive for grind. Some general mild diffuse pain with motion of the wrist and DRUJ. Assessment identifies multiple orthopedic problems. Plan identifies recommend evaluation of her C-Spine and injection in the intersection point under ultrasound guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound guided injection at intersection point:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand, Injection and Other Medical Treatment Guideline or Medical Evidence: <http://emedicine.medscape.com/article/1242239-treatment>

**Decision rationale:** Regarding the request for ultrasound guided injection at intersection point, Occupational Medicine Practice Guidelines state most invasive techniques, such as needle acupuncture and injection procedures, have insufficient high quality evidence to support their use. The exception is corticosteroid injections about the tendon sheaths or, possibly, the carpal tunnel in cases resistant to conservative therapy for eight to twelve weeks. ODG states injection is recommended for trigger finger and for de Quervain's tenosynovitis. Guidelines also identify that Conservative treatment of intersection syndrome includes immobilization, activity modification, and pharmacologic intervention. The radial wrist extensors can be immobilized with a cock-up wrist splint (20° of extension). Because of secondary irritation by the abductor pollicis longus (APL) and extensor pollicis brevis (EPB), a thumb spica splint (allowing thumb interphalangeal [IP] motion) is frequently required. A 2-mL injection of 1% lidocaine/betamethasone directly into the area of swelling may be effective in recalcitrant cases. Within the documentation available for review, there is no documentation that the patient has been recalcitrant to conservative treatment with immobilization, activity modification, and pharmacologic intervention. In the absence of such documentation, the currently requested ultrasound guided injection at intersection point is not medically necessary.

**Cervical spine evaluation and treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter 7, Page 127

**Decision rationale:** Regarding the request for cervical spine evaluation and treatment, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, there is no indication as to what is to be accomplished by cervical spine evaluation. In addition, a non-specific request for treatment is not medically necessary as the need for any specific treatment will depend in part on the results of the cervical spine evaluation and the specific treatment being requested at that time. In light of the above issues, the currently requested cervical spine evaluation and treatment is not medically necessary.