

Case Number:	CM14-0168875		
Date Assigned:	10/17/2014	Date of Injury:	07/06/1998
Decision Date:	03/31/2015	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/13/2014

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 male, who sustained an industrial injury on 7/6/98. The documentation noted on 9/15/14 the injured worker complains of left elbow burning, left elbow pain, left elbow tingling, posterior neck pain, posterior neck spasms and posterior neck ache. The injured worker had moderate tenderness over the neck and shoulder extremity. Ultrasound was done showed no enlargement of the scalene muscles on the left or the right; there was subluxation of the ulnar nerve on the left elbow on flexion and extension. Ultrasound guided trigger point injection was done. The diagnoses have included chronic pain and myofascial pain. According to the utilization review performed on 9/26/14, the requested Ultrasound guidance injection, DOS: 9/3/14 has been non-certified. The utilization review noted that the RFA was not clear if those injections were being evaluated or the additional injections noted in the treatment plans. The ODG, Chronic Pain, steroid injections was used.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guidance injection, DOS: 9/3/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections; Criteria for the use of Trigger point in. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Steroid injections; Wrist/Hand,

Ultrasound (Diagnostic); Cervical Spine, Ultrasound (Diagnostic); Cervical Spine, Ultrasound (Therapeutic);

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: With regard to trigger point injections, the MTUS CPMTG states: Recommended only for myofascial pain syndrome as indicated below, with limited lasting value." "Criteria for the use of Trigger point injections: Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. (Colorado, 2002) (BlueCross BlueShield, 2004)"According to the medical record dated 9/3/14 by Dr [REDACTED], there was no physical exam finding of trigger points. The criteria for TPIs are not met;therefore the request for ultrasound guidance for these injections is not medically necessary.