

Case Number:	CM15-0119525		
Date Assigned:	06/30/2015	Date of Injury:	05/04/2014
Decision Date:	07/30/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/22/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 50-year-old who has filed a claim for chronic neck, upper extremity, elbow, and shoulder pain reportedly associated with an industrial injury of May 4, 2014. In a Utilization Review report dated June 15, 2015, the claims administrator retrospectively denied three injections performed about the right paraspinal musculature under ultrasound guidance on June 8, 2015. The claims administrator stated that the attending provider has failed to set forth a clear or compelling case for basis for ultrasound guidance and also contended that the attending provider had failed to state what issues, diagnoses and/or purpose the trigger point injections in question were administered for. The applicant's attorney subsequently appealed. On June 27, 2015, the applicant reported ongoing complaints of neck pain radiating to the left upper extremity. The applicant had received a series of three cervical epidural steroid injections, it was reported. The applicant also received trigger point injections under ultrasound guidance on June 8, 2015, it was reported. The applicant continued to report issues with numbness, tingling, and paresthesias about the left hand. A mildly positive Spurling maneuver was noted with hyposensorium noted about the left hand ulnar nerve distribution. Acupuncture and work restrictions were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 injections along the right paraspinal musculature utilizing ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger point injections.

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

Decision rationale: No, the request for three [trigger point] injections along the right paraspinal musculature under ultrasound guidance was not medically necessary, medically appropriate, or indicated here. As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections, as were apparently performed here are "not recommended" for radicular pain. Here, all evidence on file points to the applicant's carrying a primary operating diagnosis of cervical radiculopathy. The applicant had received three cervical epidural steroid injections, it was reported on June 23, 2015. The applicant continued to report issues with paresthesias and dysesthesias about the left hand, along with positive provocative testing in the form of a positive Spurling maneuver, it was reported on that date. Trigger point injection therapy was not, thus, indicated in the radicular pain context present here. Therefore, the request was not medically necessary.