

Case Number:	CM15-0075030		
Date Assigned:	04/24/2015	Date of Injury:	10/04/2007
Decision Date:	05/27/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/20/2015

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: California

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:

This 64-year-old man sustained an industrial injury on 10/4/2007. The mechanism of injury is not detailed. Evaluations include cervical spine MRI dated 12/31/2014. Diagnoses include sacroiliac sprain, interstitial myositis, thoracic/lumbosacral neuritis/radiculitis, and brachial neuritis/radiculitis, and degenerative lumbosacral intervertebral disc, lumbosacral spondylosis without myelopathy, lumbago, and cervicgia. Treatment has included oral medications. Physician notes on a PR-2 dated 1/9/2015 show complaints of low back and bilateral lower extremity pain, that is noted to be increased, as well as chronic severe neck and right shoulder pain with bilateral upper extremity numbness, tingling, and weakness rated 9/10. Recommendations include sacroiliac joint injection, ultrasound guided cervical paraspinal trigger point injections, and follow up in three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound-guided for cervical paraspinal trigger point injection, in- office, Qty: 1.00:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/19057634>.

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

Decision rationale: Regarding the request for ultrasound guidance for cervical spine trigger point injection, the CA MTUS does not list ultrasound as an imaging option. Furthermore, there is no recommendation for ultrasound guidance when injecting musculature. This is not considered a standard of care, and is not supported by any national evidence based guidelines. As such, the requested for ultrasound-guided trigger point injection is not medically necessary.