MAXIMUS Federal Services

Case Number:	CM13-0003987		
Date Assigned:	07/23/2014	Date of Injury:	10/18/2002
Decision Date:	08/29/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	07/29/2013

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 Occupational Medicine, has a subspecialty in Preventive Medicine 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:

The applicant is a represented [redacted] employee who has filed a claim for chronic shoulder and low back pain reportedly associated with an industrial injury of October 18, 2002.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; epidural steroid injection therapy; opioid therapy; earlier shoulder corticosteroid injectio therapy on January 29, 2013; earlier shoulder arthroscopy in 2008; and muscle relaxants.In a Utilization Review Report dated July 16, 2013, the claims administrator approved a request for an office visit while denying an ultrasound-guided shoulder corticosteroid injection.In a Medical-Legal Evaluation dated January 22, 2010, the applicant's work status was not clearly stated on this occasion.On July 18, 2013, the applicant received a lumbar epidural steroid injection.In a July 9, 2013, Request for Authorization Form, authorization was sought for trigger point injection therapy under ultrasound guidance, along with several medications, including a follow-up visit.In a progress noted dated June 27, 2013, the applicant presented with persistent complaints of neck, shoulder, low back, wrist, and arm pain. Authorization was sought for a trigger point injection therapy under ultrasound guidance; Motrin, Norco, tramadol, Amitiza, omeprazole, and Zanaflex. The applicant's work status was not clearly stated on this occasion.In a May 1, 2013 progress note, authorization was sought for epidural steroid injection therapy. Motrin, Norco, and tramadol were endorsed. It was stated that the applicant was working full time without restrictions as a library technician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided needle placement right bicipital groove cortisone injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 204.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Journal of Shoulder and Elbow Surgery, October 2011.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 213, two or three steroid injections of cortisone plus anesthetic are "recommended" over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears. In this case, the applicant has only had one prior shoulder corticosteroid injection, it appears, based on the admittedly limited information on file. In this case, it is further noted that the attending provider has suggested that there may be some lack of diagnostic clarity as the applicant has been given various diagnoses, including impingement syndrome, trigger point pathology, bicipital tendinitis, etc. As noted in the October 2011 Journal of Shoulder and Elbow Surgery, injections into the tendon sheath of the long head of the biceps can be more accurately performed using ultrasound guidance than via the blind method. In this case, given the lack of diagnostic clarity, addition of the ultrasound guidance component to the request may be beneficial. It is further noted that the applicant has apparently returned to and is maintaining regular duty work status as a library technician at [redacted]. Thus, by definition, the applicant intends to use the injection in conjunction with a program of functional restoration/rehabilitation program, as suggested by ACOEM. Therefore, the request is medically necessary.