

Case Number:	CM13-0036987		
Date Assigned:	12/13/2013	Date of Injury:	02/12/2004
Decision Date:	02/05/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 physician 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 patient is a 64 year old female with a date of injury of 02/12/2004. The patient has diagnoses of cervical disc syndrome, left shoulder impingement, right shoulder infraspinatous tear, bilateral shoulder rotator cuff syndrome, and frozen shoulder/adhesive capsulitis. The patient is status post right shoulder rotator cuff repair (03/25/2013). According to report dated 07/30/2013 by [REDACTED], patient presents with complaints of neck pain, bilateral shoulder pain and left thumb pain. The examination showed tenderness of the bilateral rotator cuff muscles and shoulder motion flexion (right/left) 160/90, extension 50/50, abduction 140/90 and internal external rotation 90/90. The shoulder abductors and flexors were 4-/5 bilaterally. It is noted that patient's current medications include Norco, Lexeril, and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

cortisone injection to the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Steroid Injection

Decision rationale: This patient presents with neck and bilateral shoulder pain. The patient has diagnoses of cervical disc syndrome, left shoulder impingement, right shoulder infraspinatus tear, bilateral shoulder rotator cuff syndrome, and frozen shoulder/adhesive capsulitis. As indicated on report dated 07/30/2013 by [REDACTED], patient has received 5 cortisone injections to the bilateral shoulders. Most recent injection was administered on 07/30/2013, to which the patient noted immediate relief. The request is for another bilateral shoulder cortisone injection. The ACOEM guidelines states "corticosteroid injections have been shown to be effective, at least in the short term; however, the evidence on long-term effects is mixed, some studies show high recurrence rate among injection groups." (p235,6). For shoulder, ACOEM p213 allows for 2-3 injections as part of a rehabilitation program. The ODG guidelines recommend up to 3 injections. In this patient, 5 injections were already provided with only temporary relief. The recommendation is for denial.

urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Screen

Decision rationale: This patient presents with neck and bilateral shoulder pain. The patient has diagnoses of cervical disc syndrome, left shoulder impingement, right shoulder infraspinatus tear, bilateral shoulder rotator cuff syndrome, and frozen shoulder/adhesive capsulitis. The provider requests patient undergo a urine toxicology test to evaluate the patient's current drug intake levels. It is noted that patient's current medications include Norco, Lexeril, and Tramadol. While MTUS does not specifically address how frequent UDS's should be obtained for various risk opiate users, ODG provides a clearer guideline. For low risk opiate users, once yearly urine screen is recommended following initial screen within the first 6 months. In this patient, there was already a recent screen that was negative on 06/04/2013. The treating physician does not provide any risk stratification to determine whether or not this patient is a low, moderate or high risk opiate user. The review of the reports does not show that there is a reason to believe this patient is a high risk patient. The recommendation is for denial.