

Case Number:	CM13-0071417		
Date Assigned:	01/08/2014	Date of Injury:	09/13/2012
Decision Date:	04/17/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/27/2013

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 ABFP, has a subspecialty in ABPM 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:

Male patient sustained a work injury on 9/13/12 resulting in chronic right shoulder and low back pain. An MRI on 9/19/12 showed a ruptured biceps tendon and tear of the glenoid labrum and supraspinatus tendon. The patient underwent surgical repair of the above but continued to have pain. A follow-up MRI in August 2013 showed persistent tendinosis of the supraspinatus and infraspinatus tendons as well as degeneration of the glenoid labrum. An examination note on 10/15/13 indicated continued shoulder impingement and a request for surgery was made due to persistent symptoms. A subsequent request was noted for lumbar spine epidural injections and a left shoulder cortisone injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LUMBAR SPINE EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the MTUS guidelines, lumbar epidural steroid injections are optional for radicular pain. The clinical notes do not mention or document radicular symptoms along with back pain. The injections are not recommended for back pain without radiculopathy and therefore are not medically necessary.

1 CORTISONE INJECTION FOR THE LEFT SHOULDER: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: The claimant had significant injury to his shoulder and failed surgical intervention. The treating physician had planned additional surgery. According to table 9-6, up to 3 injections are recommended as part of the rehabilitation of shoulder impingement or for small tears. The cortisone injection is appropriate and medically necessary.