

Case Number:	CM14-0002847		
Date Assigned:	01/29/2014	Date of Injury:	09/23/2012
Decision Date:	06/19/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/08/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 38-year-old female who reported an injury on 09/23/2012. She was working and reportedly had a patient grab and pull her left arm. The clinical note dated 12/03/2013 presented the injured worker with neck and shoulder pain with limited range of motion. The injured worker's physical exam revealed tenderness with palpation to the cervical spine extending to the left trapezius with paraspinal spasm in the trapezius and medial scapula. The range of motion values for the left shoulder were 160 degrees of forward flexion, 150 degrees of abduction, 80 degrees of external rotation, and 45 degrees of internal rotation with positive subacromial impingement and creptation with passive range of motion. The injured worker was diagnosed with cervical spine sprain/strain and left upper extremity radiculitis and left shoulder sprain/strain with subacromial impingement and acromioclavicular (AC) joint hypertrophy. The request for authorization form is dated 12/20/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTIONS (NO LEVELS PROVIDED): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The Chronic Pain Guidelines recommend an epidural steroid injection (ESI) as an option for the treatment of radicular pain. Most current guidelines recommend no more than two (2) ESI injections. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehabilitation efforts, including continuing a home exercise program. There is little information on improved function. The request did not provide the level that the ESI was intended for. In addition, the request does not specify the number of injection requested. Therefore, the request is not medically necessary.

LEFT SHOULDER MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The MTUS/ACOEM Guidelines indicate that MRIs for the shoulder is not recommended during the first month to six (6) weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. For patients with limitations of activity after four (4) weeks and unexplained physical findings, such as effusion or localized pain, imaging may be indicated to clarify the diagnosis and assist reconditioning. Imaging findings can be correlated with physical findings. The injured worker has had a previous MRI done on 02/15/2013 that revealed acromioclavicular (AC) joint arthrosis. It is unclear how a repeat MRI would assist in further treatment plans for the injured worker. Therefore, the request is not medically necessary.