

Case Number:	CM14-0108302		
Date Assigned:	08/01/2014	Date of Injury:	08/04/2000
Decision Date:	09/10/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/11/2014

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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 48-year-old male who reported an injury on 08/04/2000. The mechanism of injury was not provided. On 02/13/2014, the injured worker presented with pain in the back and left shoulder. Upon examination of the cervical spine it was grossly stiff with some pain with range of motion and radiating pain to the left shoulder. Abduction of the left shoulder caused both shoulder and neck pain. Upon examination of the lumbar spine noted diffusely tender low back with greater pain on extension and flexion. There is a slightly kyphotic gait and a positive straight leg raise bilaterally. Diagnoses were facet syndrome, neck pain, chronic pain, joint pain in the shoulder, general osteoarthritis, acromioclavicular arthritis-idiopathic, and brachial neuritis not otherwise specified. Prior therapy included medications. The provider requested a left acromioclavicular joint and subacromial bursal steroid injection, the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Acromioclavicular Joint and Subacromial Bursal Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder - Steroid Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
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Decision rationale: The request for a left acromioclavicular joint and subacromial bursal steroid injection is non-certified. The California MTUS/ACOEM Guidelines state invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of a local anesthetic and corticosteroid preparation may be indicated after conservative therapy, ie: strengthening exercises and NSAIDS for 2 to 3 weeks fail. The evidence supporting such an approach is not overwhelming. The number of the injections should be limited to 3 per episode allowing for assessment of benefit between injections. There is a lack of evidence that the injured worker had failed a 2 to 3 week period of conservative care. Additionally, the provider's request does not indicate the amount of injections in the request as submitted. A complete and adequate assessment of the injured worker's pain level was not provided. As such, the request is non-certified.