

Case Number:	CM14-0140173		
Date Assigned:	09/08/2014	Date of Injury:	01/29/2014
Decision Date:	10/03/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/29/2014

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 Management 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:

According to the records made available for review, this is a 50-year-old female with a 1/29/14 date of injury. At the time (7/17/14) of request for authorization for 1 Left Subacromial Injection under Ultrasound Guidance and Fexmid 7.5mg #60, there is documentation of subjective (continued pain in the left shoulder with weakness, popping, and difficulty performing any overhead movements and activities of daily living; ongoing neck pain, low back pain and left lower extremity pain) and objective (tenderness to palpation over the cervical paraspinal muscles with decreased range of motion; tenderness to palpation over the left shoulder, parascapular area, trapezius, subacromial area and acromioclavicular joint with spasm, decreased range of motion and positive impingement signs) findings, current diagnoses (left shoulder impingement syndrome, cervical spine sprain/strain, and thoracic spine sprain/strain), and treatment to date (physical modalities, home exercise program, and ongoing therapy with Fexmid since at least 5/29/14 with pain relief and increase in activities of daily living). Regarding 1 Left Subacromial Injection under Ultrasound Guidance, there is no documentation of a rationale identifying the medical necessity of the requested ultrasound guidance. Regarding Fexmid 7.5mg #60, there is no documentation of acute exacerbation of chronic pain and short-term (less than two weeks) treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left Subacromial Injection Under Ultrasound Guidance: 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 Injections

Decision rationale: MTUS reference to ACOEM Guidelines identifies that shoulder injection is recommended as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement, or small tears, and that partial thickness tears can be treated the same as impingement syndrome. ODG identifies documentation of pain with elevation significantly limiting activities and conservative therapy (i.e., strengthening exercises and NSAIDs) for two to three weeks, as criteria necessary to support the medical necessity of subacromial cortisone injections. In addition, ODG identifies that steroid injections to the shoulder are generally performed without fluoroscopic or ultrasound guidance. Within the medical information available for review, there is documentation of diagnoses of left shoulder impingement syndrome, cervical spine sprain/strain, and thoracic spine sprain/strain. In addition, there is documentation of pain with elevation significantly limiting activities and conservative therapy (strengthening exercises and medications) for two to three weeks. However, given documentation of a request for left subacromial injection under ultrasound guidance, there is no documentation of a rationale identifying the medical necessity of the requested ultrasound guidance. Therefore, based on guidelines and a review of the evidence, the request for Left Subacromial injection under ultrasound guidance is not medically necessary and appropriate.

Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of left shoulder impingement syndrome, cervical spine sprain/strain, and thoracic spine sprain/strain. In addition, there is documentation of chronic pain and muscle spasms. Furthermore, given documentation of pain relief and increase in activities of daily living with ongoing use of Fexmid, there is documentation of functional benefit or improvement as an increase in activity

tolerance as a result of use of Fexmid. However, there is no documentation of acute exacerbation of chronic pain. In addition, given documentation of ongoing treatment with Fexmid since at least 5/29/14, there is no documentation of short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Fexmid 7.5mg #60 is not medically necessary.