

Case Number:	CM14-0161475		
Date Assigned:	10/06/2014	Date of Injury:	11/07/2011
Decision Date:	11/28/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/01/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and bilateral shoulder pain reportedly associated with an industrial injury of November 7, 2011. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; cervical collar; opioid therapy; earlier right shoulder surgery in November 2012; and a TENS unit. In a Utilization Review Report dated September 4, 2014, the claims administrator denied a request for an ultrasound-guided corticosteroid injection of the right and left shoulders and also denied a therapeutic cervical epidural steroid injection at C4-C5 and C5-C6. The claims administrator's report was some six pages long and extremely difficult to follow. It was not clearly stated whether these injections were first-time request or renewal request. The claims administrator did not incorporate cited MTUS and Non-MTUS Guidelines into its denial rationale. The claims administrator stated that there was no evidence that the conservative treatment had been failed, despite the fact that the applicant was several years removed from the date of injury as of the date of the request. The applicant's attorney subsequently appealed. In a January 9, 2014 Medical-legal Evaluation, the applicant reported ongoing complaints of right shoulder and arm pain. The applicant was not working and last worked in February 2013, it was acknowledged. The applicant was a former waiter/server, it was acknowledged. The applicant's medication list included Lipitor, Zestril, Hydrochlorothiazide, Flexeril, Motrin, and Elavil. The applicant exhibited a surgical incision line about the right shoulder with shoulder strength ranging from 4-5/5. Shoulder range of motion was also limited with flexion limited to 95 degrees. Left shoulder range of motion was well preserved, flexion to 160 degrees. The applicant was given an 11% whole-person impairment rating and a rather proscriptive 10-pound lifting limitation. The Medical-legal evaluator made no mention of the applicant's earlier epidural steroid injection

therapy or shoulder corticosteroid injection therapy. Electrodiagnostic testing of December 30, 2011 was notable for a mild carpal tunnel syndrome. No evidence of cervical radiculopathy. In an August 6, 2014 progress note, the applicant reported 10/10 neck pain, shoulder pain, elbow pain, wrist pain, hand pain, and low back pain. The attending provider suggested that the applicant undergo a shoulder corticosteroid injection therapy and also obtain an epidural steroid injection at C4-C5 and C5-C6. The attending provider stated that these injections were intended primarily for therapeutic purposes. A cervical collar and hot and cold unit were also endorsed, along with updated cervical, right shoulder, and left shoulder MRI imaging studies. The applicant was given refills of Ultram, Flexeril, Butrans, and Terocin. MRI imaging of the cervical spine of December 21, 2011 was notable for multilevel degenerative changes and disk protrusions of uncertain clinical significance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound-guided corticosteroid injection to the right and left shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213 does recommend two or three shoulder subacromial corticosteroid injections over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears, in this case, however, it was not clearly stated what diagnosis was present. It was not clearly stated how the proposed corticosteroid injection would advance the applicant's activity level. The applicant was seemingly off of work and had failed to return to work for what appeared to a span of several years. Furthermore, the applicant's presentation on June 9, 2014 suggested that the applicant had a large rotator cuff tear about the right shoulder as opposed to a small rotator cuff tear and/or impingement syndrome. For all of the stated reasons, then, the request is not medically necessary.

Cervical Epidural-based Steroid therapeutic pain management procedure at the level of C4-5, C5-6 with Epidurogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/10319985>

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

Decision rationale: While page 46 in the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment

of radicular pain, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies this recommendation by noting that radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. In this case, however, the information on the file suggests that the applicant had earlier cervical MRI imaging, which failed to uncover a clear source for radicular complaints. Earlier electrodiagnostic testing, furthermore, likewise failed to uncover any source for cervical radiculopathy. Therefore, the request is not medically necessary.