

<b>Case Number:</b>	CM14-0176182		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	09/17/2006
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 46 year old female with an injury date of 09/17/06. The 09/11/14 progress report by [REDACTED] states that the patient presents with worsening pain and symptoms including bilateral shoulder pain rated 8/10, cervical spine pain with burning and stabbing pain in the hands rated 9/10 and lower back pain with burning pain in the bilateral legs rated 9/10. The patient also presents with weight gain secondary to inactivity. Examination of the cervical spine shows restricted range of motion with paraspinal tenderness with spasms. Foraminal compression and Spurling's test are positive. The lumbar spine shows tenderness to palpation in the paraspinal musculature with positive straight leg raise with hypoesthesia at the anterolateral aspect of the foot and ankle of an incomplete nature noted at L5-S1 dermatome distribution with weakness in the big toes dorsiflexion and big toe plantar flexor bilaterally. For the right and left wrist there is positive Tinel's and Phalen's sign over the carpal tunnel region. There is triggering of the fourth digit of the right hand and left thumb. The patient's diagnoses include: Cervical spine strain/sprain rule out herniated cervical disc with radiculopathy Right shoulder strain/sprain rule out tendinitis, impingement, cuff tear, internal derangement. Lumbar spine strain/sprain, rule out herniated lumbar disc with radiculitis/radiculopathy Left shoulder strain/sprain rule out tendinitis, impingement. The utilization review being challenged is dated 10/08/14. The rationale is that there is inadequate documentation, recent exam or imaging findings to support the request. Reports from 05/08/14 to 09/11/14 are provided.

### 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 shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Steroid Injections

**Decision rationale:** The patient presents with worsening bilateral shoulder pain cervical spine pain with pain in the hands, lower back pain with pain in the bilateral legs rated 8-9/10. The provider requests for Ultrasound guided corticosteroid injection to the right shoulder. Reports are provided from 05/08/14 to 09/11/14. ODG guidelines Shoulder Chapter, Steroid Injections, include the following criteria: - Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder; - Not controlled adequately by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen), after at least 3 months; - Pain interferes with functional activities (e.g., pain with elevation is significantly limiting work); - Intended for short-term control of symptoms to resume conservative medical management. In the 09/11/14 treatment plan the provider states the request is for alleviation of pain and discomfort. Only 2 treatment reports are provided. On 05/28/14 the report does not discuss the treatment of the patient's shoulder. The 09/11/14 report shows a diagnosis for the right shoulder unchanged from 05/28/14 of Strain/sprain, rule out tendinitis, impingement, cuff tear and internal derangement. Examination did not include the right shoulder. Prior treatment of the shoulder is not discussed, and there is no indication of a prior steroid injection for the shoulder, prior surgeries or that the patient is a candidate for surgery. The reports do show a request for pain management consult secondary to prolonged use of medications. No list of medications is provided. In this case, there is concern but no diagnosis of impingement syndrome, documentation of physical therapy, exercise, NSAIDs or acetaminophen for 3 months. There is no discussion of functional limitation. The provider does state the injection is to control pain and discomfort and the treatment plan shows a request for MRI arthrogram of the left and right shoulder to evaluate rotator cuff pathology. In this case, it appears the request is intended for control of symptoms with documented plans for conservative management. However, ultrasound guided injection into the shoulder is not supported by ODG. ODG regarding image guided shoulder injection states, "Although ultrasound guidance may improve the accuracy of injection to the putative site of pathology in the shoulder, it is not clear that this improves its efficacy to justify the significant added cost." Recommendation is for not medically necessary.