

<b>Case Number:</b>	CM14-0179796		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	06/18/2002
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Anesthesia; has a subspecialty in Acupuncture & Pain 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:

69y/o male injured worker with date of injury 6/18/02 with related neck pain. Per progress report dated 8/20/14, the injured worker reported severe pain in his neck radiating to the left border of the trapezius muscles and left shoulder with limited range of motion of the left shoulder. Per physical exam, the injured worker had restricted range of motion of the neck and low back. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included injections, and medication management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DepoMedrol Injection Paralumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines shoulder steroid injections

**Decision rationale:** Per 8/20/14 progress report, Depomedrol 40mgs/cc and marcaine injections were given for pain and inflammation due to flare-ups. The documentation submitted for review indicate that these injections were performed in the left shoulder. Per the ODG guidelines with regard to steroid injections for the shoulder: "Recommended as indicated below, up to three

injections."Criteria for Steroid injections:- 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 (eg, pain with elevation is significantly limiting work);- Intended for short-term control of symptoms to resume conservative medical management;- Generally performed without fluoroscopic or ultrasound guidance;- Only one injection should be scheduled to start, rather than a series of three;- A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response;- With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option;- The number of injections should be limited to three.The injured worker does not have any of the diagnoses meeting the criteria for this treatment. The request is not medically necessary.

**Marcaine Injection Paralumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

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

**Decision rationale:** Per 8/20/14 progress report, Depomedrol 40mgs/cc and marcaine injections were given for pain and inflammation due to flare-ups. The documentation submitted for review indicate that these injections were performed in the left shoulder.Per the ODG guidelines with regard to steroid injections for the shoulder: "Recommended as indicated below, up to three injections."Criteria for Steroid injections:- 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 (eg, pain with elevation is significantly limiting work);- Intended for short-term control of symptoms to resume conservative medical management;- Generally performed without fluoroscopic or ultrasound guidance;- Only one injection should be scheduled to start, rather than a series of three;- A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response;- With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option;- The number of injections should be limited to three.The injured worker does not have any of the diagnoses meeting the criteria for this treatment. All available documentation suggests that "paralumbar" is a typo. Per the UR physician, "The medical reports available to this reviewer have not established medical necessity for an intra-articular shoulder injection in the left shoulder. The requesting provider stated to this reviewer that that is what she had done, not paralumbar." The request is not medically necessary.

