

Case Number:	CM14-0182165		
Date Assigned:	11/07/2014	Date of Injury:	04/28/2010
Decision Date:	12/12/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/03/2014

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 50-year-old male with a date of injury of 04/28/2010. The listed diagnoses include lumbar sprain/strain; symptoms of anxiety, depression, and suicidal thoughts; symptoms of insomnia; symptoms of NSAID-related gastritis; status post anterior discectomy, arthrodesis with internal rotation of C3 to C4 with removal of hardware and pedicles in 1997; left knee sprain/strain, rule out internal derangement; and left shoulder, rotator cuff tear secondary to fall. According to progress report 03/25/2014, the patient presents with continued low back pain radiating to the bilateral lower extremities. Examination of the lumbar spine revealed decreased range of motion as straight leg raise is 75 degrees, bilaterally. There is positive Lasegue's test bilaterally. Under treatment plan, the treating physician recommended authorization for epidural steroid injection to the lumbar spine and refill of medications. This is the only progress report provided for review in the medical file. The application for Independent Medical Review from 10/28/2014 stated, that this is a request for ultrasound-guided corticosteroid injection to the left shoulder. Utilization review denied the request on 10/21/2014. The utilization review discusses a progress report from 09/09/2014 which was not provided for my review. According to this report, the patient was diagnosed with left shoulder rotator cuff tear and an ultrasound-guided corticosteroid injection to the left shoulder was requested for "alleviation of pain and discomfort." There was no physical examination discussed. Utilization review denied the request on 4/5/14.

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 left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment for Workers Compensation (TWC), Online Edition, Chapter Shoulder, Steroid Injections

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 (Acute & Chronic) Chapter, Steroid Injection

Decision rationale: This patient presents with chronic low back pain. This is a request for ultrasound-guided corticosteroid injection to the left shoulder. The ACOEM Guidelines state, "Corticosteroids have been shown to be effective, at least in the short term; however, the evidence of long-term effects is mixed, some studies show high reoccurrence rate among injection groups." (pages 235, 6). For the shoulder, ACOEM page 213 allows for 2 to 3 injections as part of a rehabilitation program. In this case, the treating physician would like to alleviate the patient's pain. No examination of the shoulder is provided. Regarding ultrasound guided injection into the shoulder, Official Disability Guidelines (ODG) states the following: "imaging guidance for shoulder injections: Glucocorticoid injection for shoulder pain has traditionally been performed guided by anatomical landmarks alone, and that is still recommended. With the advent of readily available imaging tools such as ultrasound, image guided injections have increasingly become more routine. While there is some evidence that the use of imaging improves accuracy, there is no current evidence that it improves patient relevant outcomes." Given the lack of support or ultrasound guidance for shoulder injection, this request is not medically necessary.