

Case Number:	CM14-0037330		
Date Assigned:	06/25/2014	Date of Injury:	02/02/2011
Decision Date:	07/25/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/27/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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 claimant sustained a work injury on 02/02/11 as she was transferring a patient while working as a hemodialysis nurse. She had pain and a felt a sharp pop near her neck and shoulder and had right upper extremity pain. She has had treatments including epidural steroid injections, shoulder injections, physical therapy, medications, acupuncture, and TENS. She was released to unrestricted work at her request in July 2012 but had an aggravation of right-sided neck and shoulder pain. She requested surgical evaluations and was seen by an orthopedist in January 2013 for her cervical spine. An ACDF was recommended but declined by the claimant. Epidural steroid injections were continued. In July 2013 she was evaluated for her shoulder by an orthopedist. The etiology of her symptoms was unclear. Injections were recommended with consideration of a subacromial decompression. She was seen on 02/21/14. She was having ongoing right sided shoulder and severe neck pain. Physical examination findings included arthritic changes of the fingers. She had cervical paraspinal tenderness with muscle spasms. There was minimally decreased cervical spine range of motion with 90% flexion, 80% extension, and 85% side bending. She had decreased right upper extremity strength without sensory deficit. There was a positive Spurling's maneuver. She had a painful right shoulder arc at 50 degrees with shoulder tenderness and positive impingement testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral cervical facet injection at C4-5, C5-6 with fluoroscopic guidance and IV sedation:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), page(s) 56, 219.

Decision rationale: The claimant is now more than three years status post work-related injury as described above. In terms of the requested facet injections, there are no physical examination findings which support a diagnosis of facet-mediated pain. Specifically, there is minimally decreased range of motion without reported findings of pain with provocative facet stressing maneuvers. The claimant has findings suggestive of right upper extremity radiculopathy with decreased strength and a positive Spurling's test. Guidelines recommend against the routine use of diagnostic facet joint injections for patients with chronic neck pain. Criteria for performing one diagnostic injection include pain significantly exacerbated by extension and rotation or associated with rigidity which is not present in this case where cervical spine range of motion is nearly full and there is no documented reproduction of pain with these motions. Further, this claimant has radicular pain with a positive Spurling's test and upper extremity weakness and facet joint injections are not recommended for routine treatment of any radicular pain syndrome. The request is not medically necessary.

Surgical consultation for 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: In terms of the requested second shoulder surgery opinion, the claimant has already been evaluated for shoulder surgery. The evaluation included consideration of a shoulder decompression and therefore the claimant is already considered a candidate for surgical management. Her condition has not changed and there is no identified new injury. Guidelines allow the occupational health practitioner to refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, although all of these factors are present, they have already been addressed by the previous consultant. Further, repeated testing in the chronic pain setting is not indicated as it focuses the patient on finding an anatomic abnormality, rather than maintaining and increasing functional outcomes.