

Case Number:	CM14-0074904		
Date Assigned:	07/16/2014	Date of Injury:	02/26/2010
Decision Date:	09/19/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/22/2014

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 and is licensed to practice in Alabama and New York. 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 52 year old female who sustained an industrial injury on 3/26/2010, while lifting a heavy box. She is status post anterior cervical fusion at C5-6 and C6-7 on 2/29/2012. She was administered a cervical epidural steroid injection on 1/29/2014, which somewhat improved her pain symptoms. Past medical treatment has also included epidurals, medications, physical therapy, heat, massage, and a right shoulder cortisone injection administered on 4/29/2014. She has been recommended additional cervical spine surgery and spinal cord stimulator. A 10/13/2013 CT of the thoracic spine revealed facet hypertrophy at T2-T3 on the right which appears to be causing some narrowing of the right neural foramina at this level and mild diffuse spondylosis. A 10/23/2013 CT scan of the cervical spine revealed status post discectomy and fusion at C5-6 and C6-7. An artificial disc appears to be present at C4-5. There are no spinal canal compromises identified. No visible computed tomography findings of hardware loosening can be seen. According to the 4/29/2014 PTP orthopedic progress report, the patient presents for routine follow-up evaluation. She had a second opinion surgical consultation. She was able to obtain her CT results and re-review and discuss further treatment options. She continues pain management treatment. She continues to utilize Zocor, Zetia, Zofran, Promethazine, Oxycodone, Fentanyl, Ranitidine, Lyrica, Amitiza, stool softener and Senna. She complains of severe neck pain radiating to the right side of the face as well as down into the shoulders bilaterally, to the right elbow and into the mid back. She also complains of associated headaches. Pain is rated 8-9/10. Current medications are Senna, Colace, Phenergan, Percocet, Fentanyl 25mcg/hr, Zofran, Miralax powder, Zoco, Amitiza, Lyrica and Nexium. Physical examination documents; tenderness of the cervical paracervical muscles, right trapezius musculature, decreased cervical range of motion (ROM) with pain, decreased sensation over right C5, C6, C7 dermatome, 5/5 motor strength bilaterally, 2+ biceps and left triceps, and absent right triceps and bilateral

brachioradialis reflexes. Assessment: constipation, narcotic related; cervicogenic headache; thoracic disc degeneration; pseudoarthrosis c5-6 and C6-7; Thoracic radiculopathy; status post C4-5 TDA and anterior cervical discectomy at C4-5, C5-6, C6-7; post-operative right cervical radiculopathy. She was administered a right shoulder cortisone injection diagnostically, after which she noted no improvement. Recommendation is also for right C5 SNRB and if diagnostic, recommend right C4-5 foraminotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Right Shoulder Cortisone Injection, DOS: 4/29/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (updated 4/25/14)-Steroid Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Steroid injections.

Decision rationale: The CA MTUS/ACOEM guidelines state regarding shoulder impingement syndrome/rotator cuff conditions, conservative care, including cortisone injections, can be carried out for at least three to six months before considering surgery. The patient has been treating for chronic post-surgical neck pain, with associated symptoms of radiating pain into the upper extremities, midback and head. The medical records do not document any subjective signs/symptoms nor clinical findings of a right shoulder problem. There is no evidence of any pathology in the right shoulder that would warrant consideration of diagnostic cortisone injection. There is no evidence in the medical records to support a diagnosis of adhesive capsulitis, impingement syndrome or rotator cuff problem exist in this case. Consequently, the criteria necessary to establish the medical necessity for steroid injection has not been met. In accordance with the guidelines, the medical necessity for the retrospective 4/29/2014 right shoulder cortisone injection is not been established.