

Case Number:	CM14-0096488		
Date Assigned:	07/28/2014	Date of Injury:	09/14/2012
Decision Date:	08/28/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/24/2014

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 Orthopedic Surgery, 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:

This is a 40-year-old gentleman who was injured in a work related accident on 09/17/12. Clinical records provided for review include documentation that right shoulder arthroscopy, debridement, SLAP repair, rotator cuff repair and subacromial decompression occurred on 02/04/14. The postoperative clinical records for review include the 06/10/14 follow up report noting ongoing complaints of pain in the right shoulder since the time of surgery. Physical examination findings documented low back complaints with a positive left straight leg raise, stiffness and tenderness of the lumbar spine to palpation. There was no documentation of focal motor sensory or flexion change of the lower extremities. The right shoulder examination revealed 165 degrees of forward flexion with moderate tenderness over the proximal bicep and stiffness. The claimant was diagnosed as status post surgical procedure to the right shoulder with low back complaints. The report documented that a prior MRI showed a disc protrusion at L5-S1. This review is for a corticosteroid injection to the shoulder and a left sided S1 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection to the right shoulder.: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Based on California ACOEM Guidelines, a corticosteroid injection for the right shoulder is recommended as medically necessary. The medical records document that the claimant has continued stiffness and pain following shoulder surgery in February 2014. The medical records do not document that the claimant has been treated with an injection since surgery. Based on the current clinical findings and lack of documentation of prior injection therapy in the postoperative setting, the proposed corticosteroid injection would be supported as medically necessary.

Lumbar epidural injection.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: California MTUS Chronic Pain Guidelines would not support an epidural injection. While the medical records document that the claimant has continued pain in the low back, there is currently no documentation of physical examination findings specific to the S1 level or an imaging report available for review demonstrating neurocompressive pathology to acutely support the need of an epidural injection. The request is not medically necessary and appropriate.

S1 epidural injection.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: California MTUS Chronic Pain Guidelines would not support an epidural injection at S1. While the medical records document that the claimant has continued pain in the low back, there is currently no documentation of physical examination findings specific to the S1 level or an imaging report available for review demonstrating neurocompressive pathology to acutely support the need of an epidural injection. The request is not medically necessary and appropriate.