

Case Number:	CM14-0104960		
Date Assigned:	07/30/2014	Date of Injury:	02/29/2012
Decision Date:	03/20/2015	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Emergency Medicine

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 injured worker is a 57 year old male, who sustained an industrial injury on 02/29/2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses included bilateral shoulder internal derangement, bilateral shoulder probable glenoid labrum tear, acromioclavicular joint hypertrophy to the bilateral shoulders, musculoligamentous sprain of the lumbar spine, right lumbar five radiculopathy, status post lumbar epidural injection, status post caudal epidural steroid injection and transforaminal steroid injection at lumbar four and lumbar five, disc bulge at cervical five to six, lumbar one to two, lumbar two to three, lumbar three to four, lumbar four to five, and lumbar five to sacral one. Treatment to date has included medication regimen, multiple epidural steroid injections, and use of an inversion table. In a progress note dated 04/01/2014 the treating provider reports pain to the neck, shoulders, arms, and low back with the shoulder and arm pain described as throbbing and the low back pain noted with muscle spasms radiating to the right leg with numbness to the top of both feet. The injured worker rates the pain a seven to eight out of ten on the pain scale. The treating physician requested the Depo Medrol with Xylocaine to be given to the bilateral shoulders and the requested Toradol with Xylocaine for relief of symptoms. On 06/11/2014 Utilization Review non-certified the requested treatments Cortisone Injection of Depo Medrol 40mg and Xylocaine 8cc to the bilateral shoulders and Toradol 60mg with Xylocaine 1cc intramuscular injection with date of service of 04/01/2014, noting the California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines, and Official Disability Guidelines-Treatment In Workers' Compensation, Pain Procedure summary,

Low Back Procedure Summary, Mosby's Drug Consult, and MD Consult Drug Monograph last updated 10/27/2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone Injections of Depo Medrol 40mg/ml and Xylocaine 8cc to bilateral shoulders:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, corticosteroids, MD Consult Drug Monograph

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Pages 204, 213.

Decision rationale: The requested Cortisone Injections of Depo Medrol 40mg/ml and Xylocaine 8cc to bilateral shoulders, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 9, Shoulder Complaints, Steroid injections, Page 204 and 213, note "Conservative care, including cortisone injections, can be carried out for at least three to six months before considering shoulder (rotator cuff tear) surgery" And recommend this treatment for impingement syndrome if pain has not been adequately controlled by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen) after at least 3 months. The injured worker has pain to the neck, shoulders, arms, and low back with the shoulder and arm pain described as throbbing and the low back pain noted with muscle spasms radiating to the right leg with numbness to the top of both feet. The treating physician has not documented exam or diagnostic evidence of impingement syndrome. The criteria noted above not having been met, Cortisone Injections of Depo Medrol 40mg/ml and Xylocaine 8cc to bilateral shoulders is not medically necessary.

Toradol 60 mg with Xylocaine 1cc IM injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines, shoulder chapter, Mosby's Drug Consult

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PAIN (Chronic), Ketorolac (Toradol)

Decision rationale: The requested Toradol 60 mg with Xylocaine 1cc IM injection, is not medically necessary. CA MTUS is silent. Official Disability Guidelines (ODG), PAIN (Chronic), Ketorolac (Toradol) note that it is only recommended for short-term use in the treatment of acute pain and is not indicated in the treatment of minor or chronic pain. The injured worker has pain to the neck, shoulders, arms, and low back with the shoulder and arm pain described as throbbing and the low back pain noted with muscle spasms radiating to the right leg with numbness to the top of both feet. The treating physician has not documented the presence of an acute pain

condition. The criteria noted above not having been met, Toradol 60 mg with Xylocaine 1cc IM injection is not medically necessary.