MAXIMUS Federal Services

Case Number:	CM14-0193198		
Date Assigned:	11/26/2014	Date of Injury:	11/15/2012
Decision Date:	02/25/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/19/2014

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: Physical Medicine & Rehabn

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 61 year old male with an injury date of 11/15/12.Based on the 10/22/14 progress report provided by treating physician, the patient complains of pain in neck, lower back and Left shoulder rated 4/10 with and 8/10 without medication. Patient is status post Left shoulder surgery 04/01/13. Physical examination of the cervical spine revealed straightening of the spine with loss of normal cervical lordosis. Range of motion was decreased, especially on extension 25 degrees. Patient has previous had Left shoulder injection, date unknown. Patient's current medications include Ibuprofen and Omeprazole. Per treater report dated 10/22/14, the patient is permanent and stationary.X-Ray of the cervical spine 07/29/14 showed moderate multilevel cervical sponylosis. X-Ray of the lumbar spine 07/29/14 showed mild degenerative changes. MRI of the Left shoulder 01/02/14 showed a full thickness tear of the subscapularis tendon. Diagnosis (10/22/14)- Cervicalgia- Lumbago- Left shoulder chronic tendonitis. The utilization review determination being challenged is dated 11/07/14. The rationale follows: "Response to prior injection does not specify date of procedure, duration or amount of pain reduction."Treatment reports were provided from 07/16/14 to 10/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI under chronic pain section Page(s): 46-47.

Decision rationale: The patient presents with pain in neck, lower back and Left shoulder rated 4/10 with and 8/10 without medication. The request is for left shoulder injection. Patient has previous had Left shoulder injection, date unknown. Patient's current medications include Ibuprofen and Omeprazole. Patient is P&S.The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47 "Recommended as an option for treatment for radicular pain." For repeat injections during therapeutic phase, "continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication for 6 to 8 weeks with a general recommendation of no more than 4 blocks per year."Treater has not provided reason for the request. Per report dated 10/22/14, treater states "past left shoulder injection provided pain relief (40%) for 1 month." This does not meet guidelines of at least 50% pain relief. Furthermore, no documentation was provided for functional improvement and associated reduction of medication. Therefore, the request is not medically necessary.