

Case Number:	CM14-0200905		
Date Assigned:	12/11/2014	Date of Injury:	03/08/2013
Decision Date:	01/29/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/02/2014

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 Rehab, has a subspecialty in Interventional Spine 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:

The patient is a 51 year old male with an injury date of 03/08/13. Based on the 11/22/13 progress report, the patient complains of pain in neck and upper shoulder, lateral arm, forearm to small finger. The patient reports intermittent bilateral upper extremity numbness/tingling in his hands. Also, there is numbness traveling from the neck to the right arm down to the fingers, all digits. The numbness worsens when the patient looks left to right and right sided headaches. The pain level of the neck is 8/10, right upper extremity is at 7/10 and left upper extremity is at 8/10. The pain aggravates by activity such as pulling and pushing. Current medication is Oxycodone. The patient has completed 6 sessions of physical therapy, 4 visits of chiropractic treatment, and some acupuncture; and the patient reports "they were not helpful" and made him worse. The patient has had 1 cortisone injection to the right shoulder on 06/18/13, and states it worked about 10% and less pain with upward reaching. Physical exam of neck shows midline tenderness to palpation and positive Spurling's maneuver. There are positive Tinels at bilateral cubital tunnel, right Phalens, and bilateral shoulder impingement test. X-ray (date is not given) showed moderate spondylosis and degenerative changes at C5-7. MRI of cervical spine (date is not given) showed bilateral moderate C5-7 foraminal stenosis and mild central stenosis. The patient underwent C5-7 ESI for diagnostic and therapeutic purpose on 11/20/13. The patient noted some immediate relief and significant contribution to the symptoms from the cervical spine. The diagnoses are: 1. Cervical spinal stenosis 2. Cervicalgia 3. Rotator cuff syndrome. The treating physician considers cervical spinal surgery, C5-7 anterior cervical discectomy and fusion, if only temporary improvement and persistent symptoms. The patient is currently off work, but wants to go back with restrictions. The treating physician is requesting for Ultrasound Guidance. The utilization review determination being challenged is dated 11/21/14. The requesting physician provided treatment reports from 11/20/13-11/22/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Ultrasound

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) chapter states regarding imaging-guided shoulder injection.

Decision rationale: This patient presents with pain in neck and upper shoulder, lateral arm, forearm to small finger. The request is for Ultrasound guidance. According to the Utilization review letter, the treater requested Retro DOS 11/11/14 left cortisone injection with ultrasound guidance. The request was modified by utilization review to injection without the U/S guidance per Utilization review. For ultrasound guided shoulder injection, ODG Guidelines, Shoulder (Acute & Chronic) chapter states regarding imaging-guided shoulder injection that "there is no current evidence that it improves patient-relevant outcomes." The conclusion was "it is not clear that this improves its efficacy to justify the significant added cost." The requesting physician stated "that ultrasound guidance is necessary due to the inherent difficulty providing the injection in the small anatomic space of the 'true intra-articular joint' and due to the proximity of neurovascular structures." However, there is lack of support from ODG that imaging-guidance is necessary for this type of injection. The request is not medically necessary.