

Case Number:	CM14-0207941		
Date Assigned:	12/19/2014	Date of Injury:	06/17/2006
Decision Date:	02/17/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/12/2014

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 70-year-old male with a date of injury of 06/17/2006. According to progress report dated 10/22/2014, the patient presents for refill of medications and follow up regarding her bilateral shoulder pain. The patient's medication includes Tylenol/codeine #4 300-60 mg, Fioricet 25-50-40 mg, Zanaflex 2 mg, Lyrica 200 mg, and Cymbalta tablet 60 mg. Physical examination revealed normal back examination, no edema in the extremities, normal peripheral pulses, and the patient is alert and oriented x3. Progress report dated 09/24/2014 provides the same limited physical examinations. The listed diagnoses are: 1. Pain in joint, shoulder region. 2. Migraine with aura, without mention of intractable migraine. 3. Other symptoms referable to back. 4. Displacement of lumbar intervertebral disk without myelopathy. 5. Unspecified reflex sympathetic dystrophy. Treatment plan is for refill of medications, left shoulder injection, and follow up in four weeks. The treating physician provides an addendum on 11/18/2014 which notes "patient has severe shoulder pain. Patient has difficulty abducting the shoulder due to severe inflammation. Patient to proceed with shoulder injection." The utilization review denied the request on 11/20/2014. Treatment reports from 05/21/2014 through 12/08/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral depo medrol injection to the shoulders: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter online, for Steroid injections.

Decision rationale: This patient presents with chronic low back and shoulder pain. The current request is for bilateral Depo-Medrol injection to the shoulders. Depo-Medrol is an antiinflammatory glucocorticoid. The utilization review denied the request stating that "the information provided is scant and insufficient to support injection." ACOEM p 204, Chapter 9, shoulder, initial care states: If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy ODG-TWC guidelines, shoulder chapter online, for Steroid injections/criteria for steroid injections states these are for: Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder. There is no indication that the patient has tried injections for his shoulder complaints. The requested Depo-Medrol injection to the shoulder is in accordance with ODG and ACOEM Guidelines. The requested injection is medically necessary.