

Case Number:	CM14-0095571		
Date Assigned:	07/25/2014	Date of Injury:	11/20/1991
Decision Date:	01/26/2015	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/23/2014

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 Occupational Medicine, 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:

Injured worker is a female with date of injury 11/20/1991. Per primary treating physician's urgent pain management follow-up dated 4/8/2014, the injured worker had a recent flare-up of significant pain in the left upper back, left neck and mainly around the left shoulder. The pain was so severe that she had to present to the emergency room. She has difficulty using the left shoulder. She has difficulty sleeping on that side and her current medications are not helping. On examination gait is mildly antalgic. Examination of the upper back shows palpable trigger points with tenderness involving the upper thoracic paraspinal muscles and also the left shoulder parascapular muscles including the rhomboid, supraspinatus and infraspinatus muscles. In the lower back there are also palpable trigger points. Range of motion in the left shoulder is decreased. There is also tenderness over the left bicipital bursa. There are bruises on the inner aspect of the left arm and axilla, probably from holding her arm. Diagnoses include 1) lumbar spondylosis, facet arthropathy 2) cervical spondylosis, degenerative disc disease, facet arthropathy 3) fibromyalgia and generalized musculoskeletal pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid Injection left shoulder bicipital: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 48, 204 and 211.

Decision rationale: Per the MTUS Guidelines, injections of corticosteroids or local anesthetics or both should be reserved for patients who do not improve with more conservative therapies. Steroids can weaken tissues and predispose to re-injury. Local anesthetics can mask symptoms and inhibit long-term solutions to the patient's problem. If shoulder pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and nonsteroidal anti-inflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections. Conservative care for impingement syndrome, including cortisone injections, can be carried out for at least three to six months before considering surgery. The utilization review dated 5/16/2014 reports that the request is not clear if the injection was for an intraarticular injection or a bursa injection. The requesting physician does explain in the progress note dated 4/8/2014 that the injection was for left shoulder bicipital bursitis/tendinitis, however. On examination the bicipital bursa was tender. The request for steroid injection left shoulder bicipital bursitis/tendinitis is determined to be medically necessary.