

Case Number:	CM15-0004547		
Date Assigned:	01/15/2015	Date of Injury:	05/05/2011
Decision Date:	03/17/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/09/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 58 year old female who sustained an industrial injury reported on 5/5/2011. She has reported radiating low back pain with numbness and tingling in the right lower extremity; along with anxiety and depression from chronic pain. The diagnoses have included: intervertebral disc disorder of the lumbar spine; lumbar radiculitis/radiculopathy; right shoulder impingement syndrome; mild arthritis of the right acromioclavicular joint; tendonopathy of the right shoulder; multi-level degenerative disc disease of the cervical spine; and symptoms of anxiety and depression. Treatments to date have included consultations; imaging studies; epidural steroid injection therapy; and medication management. The work status classification for this injured worker is noted to be temporarily totally disabled and not working. On 1/5/2015 Utilization Review non-certified, for medical necessity, the request for a right shoulder acromioclavicular joint injection under ultrasound guidance, the Medical Treatment Utilization Schedule, chronic pain medical treatment Guidelines and the Official Disability Guidelines for shoulder acute and chronic, were cited. The only medical record available for my review was an orthopedic PR-2 evaluation from 7/7/2014, and states that epidural steroid injections have helped and increased functional improvement in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection right shoulder (right shoulder and right acromioclavicular joint) injection of Depo Medrol and Lidocaine under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic) (updated 10/31/14)

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

Decision rationale: The ACOEM chapter on shoulder complaints states: Invasive techniques have limited proven value. If 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. The provided documentation does not show significant limitation in activity or pain with elevation. There is not a failure of conservative measures documented. Therefore the request is not certified.